EXHIBIT D

to

PLAINTIFFS' RESPONSE TO DEFENDANTS' MOTION FOR SUMMARY JUDGMENT

Civil Action No.: 1:10-cv-00986-JFA

Exhibits to Peer Review Hearing Transcripts (2 of 2)

☐ Blood consent signed ☒ Physician Order Verified

Date: 2/24/2010

Monitoring Requirements	Time	Temp	Pulse	Resp	BP	S/S of transfusion Reaction	Comments	Initials
Prior to transfusion	1040	98.9	90	16	116/68		W103951035023 B 1st unit started	
15 minutes	1055	99.1	114	16	130/84	☒ No ☐ Yes	No complaints voiced IV site patent	
30 minutes	1125	99.0	114	18	121/80	☒ No ☐ Yes	Resting quietly - walks easily No distress noted	
30 minutes	1155	98.2	115	19	132/92	☒ No ☐ Yes	Stable. IV patent	
30 minutes	1225	98.1	113	18	134/84	☒ No ☐ Yes	Resting. Family @BS	
30 minutes	1255	98.1	121	18	139/82	☒ No ☐ Yes	Up to BR voided 600cc Stable	
30 minutes	1308	99.0	118	18	137/84	☒ No ☐ Yes	1st unit completed	
30 minutes						☐ No ☐ Yes		
30 minutes						☐ No ☐ Yes		
30 minutes						☐ No ☐ Yes		
1 hour post transfusion	14	98.2	109	18	132/93	☒ No ☐ Yes	Stable. No adverse reaction noted	

Signature: _____ Signature: _____

☒ Blood consent signed ☐ Physician Order Verified

Date: 2/24/10

Monitoring Requirements	Time	Temp	Pulse	Resp	BP	S/S of transfusion Reaction	Comments	Initials
Prior to transfusion	1515	99.2	127	12	142/92		W103951034305 B 2nd unit started	
15 minutes	1530	98.9	131	14	149/93	☒ No ☐ Yes	Enc & visitors - @ side lying position. IV site patent - MB	
30 minutes	1600	99.2	126	16	137/82	☐ No ☐ Yes	See POC note - MB notified	
30 minutes	1630	99.0	119	16	137/86	☒ No ☐ Yes	Pt reports decreased pain POC reinforced	
30 minutes	1700	98.2	113	16	132/80	☒ No ☐ Yes	Stable. IV site, patent	
30 minutes	1730	98.2	115	18	134/86	☒ No ☐ Yes	Stable. Infant VSS	
30 minutes	1750	98.2	109	18	142/85	☒ No ☐ Yes	2nd unit complete	
30 minutes						☐ No ☐ Yes	IVF's stopped. IV site	
30 minutes						☐ No ☐ Yes	Saline flushed/locked	
1 hour post transfusion	1850	98.2	109	16	143/93	☒ No ☐ Yes	Stable	

Signature: _____ Signature: _____

Aiken Regional Medical Center
302 University Parkway
Aiken, SC 29801

Aiken Regional Medical Centers
Blood Transfusion Record

LB0050

10-37037
Rev. (7/07)

Patient Identification

534817

Patient 6 yrs) Sex: F
MRN: 227589 Adm./Reg.: 2/23/10
Aiken Regional Medical Centers

egional
l Centers

BLOOD BANK/TRANSFUSION SERVICE

ATA

BLOOD COMPONENT DATA

227589
PATIENT NAME: Patient 6
ABO/RH: O POS ARM BAND#: GSL 4121
LOCATION:
SEX: F BIRTHDATE:
PHYSICIAN: MUNIZ, MARGO

UNIT#: W038510340385 2
EXPIRATION DATE: 3/26/10 23:59
ABO/RH: O POS
CROSSMATCH: COMPATIBLE
CROSSMATCH EXPIRATION: 2/26/10 23:59

MRN: 227589
PATIENT NAME:
ABO/RH: O POS ARM BAND#: GSL 4121

COMP:
RED BLOOD CELLS/CPD>AS1/500mL/refg

PATIENT INSTRUCTIONS/COMMENTS:

ATTRIBUTES/ANTIGENS/ANTIBODIES:
CMV

ISSUE RECORD

Issued and Inspected By: S Received By: P. Hemmpeutic
Date 2/24/10 Time 15:05

TRANSFUSIONIST VERIFICATION

The **Patient's Name, Armband Number**, Medical Record Number, Product Type, Unit Number, Expiration Date, Blood Types, and additional applicable identifiers were verified in patient's presence prior to transfusion according to institutional policies. I certify them to be identical.

Signature: _____ Nurse #1 Signature: _____ Authorized Personnel

TRANSFUSIONIST RECORD

TRANSFUSION STARTED: 2/24/10 1515 AM/PM
TRANSFUSION COMPLETED: 2/24/10 1750 AM/PM
AMOUNT TRANSFUSED 426 ml
REACTION NOTED? ✓ NO _____ YES (FORM SENT)

DOB (28 yrs) Sex: F
MRN: 227589 Adm./Reg.: 2/23/10
Aiken Regional Medical Centers

Return to Blood Bank if transfusion is not started in 30 minutes
Unit infusion MUST be completed within 4 hours

Aiken Regional Medical Centers

BLOOD BANK/TRANSFUSION SERVICE

PATIENT DATA

ID #: **227589**
PATIENT NAME: Patient 6
ABO/RH: **O POS** ARM BAND#: **GSL 4121**
LOCATION:
SEX: F BIRTHDATE:
PHYSICIAN: MUNIZ, MARGO

MRN: **227589**
PATIENT NAME:
ABO/RH: **O POS** ARM BAND#: **GSL 4121**

PATIENT INSTRUCTIONS/COMMENTS:

BLOOD COMPONENT DATA

UNIT#: **W038510350623 B**
EXPIRATION DATE: **3/26/10 23:59**
ABO/RH: **O POS**
CROSSMATCH: COMPATIBLE
CROSSMATCH EXPIRATION: **2/26/10 23:59**

COMP:
RED BLOOD CELLS/CPD>AS1/500mL/refg

ATTRIBUTES/ANTIGENS/ANTIBODIES:
CMV

ISSUE RECORD

Issued and Inspected By: TV Received By: T. Hennings WLC
Date 2/24/10 Time 10:20

TRANSFUSIONIST VERIFICATION

The **Patient's Name, Armband Number**, Medical Record Number, Product Type, Unit Number, Expiration Date, Blood Types, and additional applicable identifiers were verified in patient's presence prior to transfusion according to institutional policies. I certify them to be identical.

Signature: Nurse #1 Signature: Michelle Connelly MX Authorized Personnel

TRANSFUSIONIST RECORD

TRANSFUSION STARTED: 2/24/10 1040 AM/PM
TRANSFUSION COMPLETED: 2/24/10 1308 AM/PM
AMOUNT TRANSFUSED 378 ml
REACTION NOTED? ✓ NO ____ YES (FORM SENT)

Return to Blood Bank if transfusion is not started in 30 minutes
Unit infusion MUST be completed within 4 hours

2/24/2010

AIKEN REGIONAL MEDICAL CENTERS

NOTE: THIS FORM MAY BE USED WHEN VITAL SIGNS ARE MORE FREQUENT THAN EVERY FOUR HOURS

DATE	TIME	TEMP	PULSE	RESP	B/P	OUT-PUT			COMMENTS	INITIAL
2/24/	0830	99.5	127	16	127/72	—			Lying - Orthostatic BP —	KB
2/24	0834	—	144	18	114/75	—			Sitting —	KB
2/24	0837	—	145	18	118/81	—			Standing —	KB
									will notify Dr Meinig of	
									results	KB

INIT.	SIGNATURES	INIT.	SIGNATURES
KB	KBeaty		

PATIENT INFORMATION

1098634817

Patient 6
DOB: (28 yrs) Sex F
MRN: 227589 Adm./Reg.: 2/23/10
Aiken Regional Medical Centers

GR0010

SUPPLEMENTAL VITAL SIGNS FLOW SHEET

601.36 10-2237

AIKEN REGIONAL MEDICAL CENTERS

NOTE: THIS FORM MAY BE USED WHEN VITAL SIGNS ARE MORE FREQUENT THAN EVERY FOUR HOURS

DATE	TIME	TEMP	PULSE	RESP	B/P	OUT-PUT	O2		COMMENTS	INITIAL
2232010	[illegible]	97	108	20	143/80		100		Patient rec'd from L+D	R
									via bed. post op C-section of	
									today. oriented to room +	
									surrounding. call light w/in reach	R
	1845									R
2232010	97	~~101~~	104	18	109/76		99		Family at bedside	R
2232010	1850		106	20	172/77		98%		Family at bedside	R
2232010	1905	97.3	101	20	140/91		99		Infant in room Family at bedside	R
2232010	[illegible]	98.4		18	104	148/103			Family at bedside	R
2/23	2035	98.	101	20	~~104~~	138/90			resting c̄ S/O @ bedside. A+O x3.	
									call light in reach. denies any	
									needs. instructed to call for	
									nurse if any needs	[illegible]

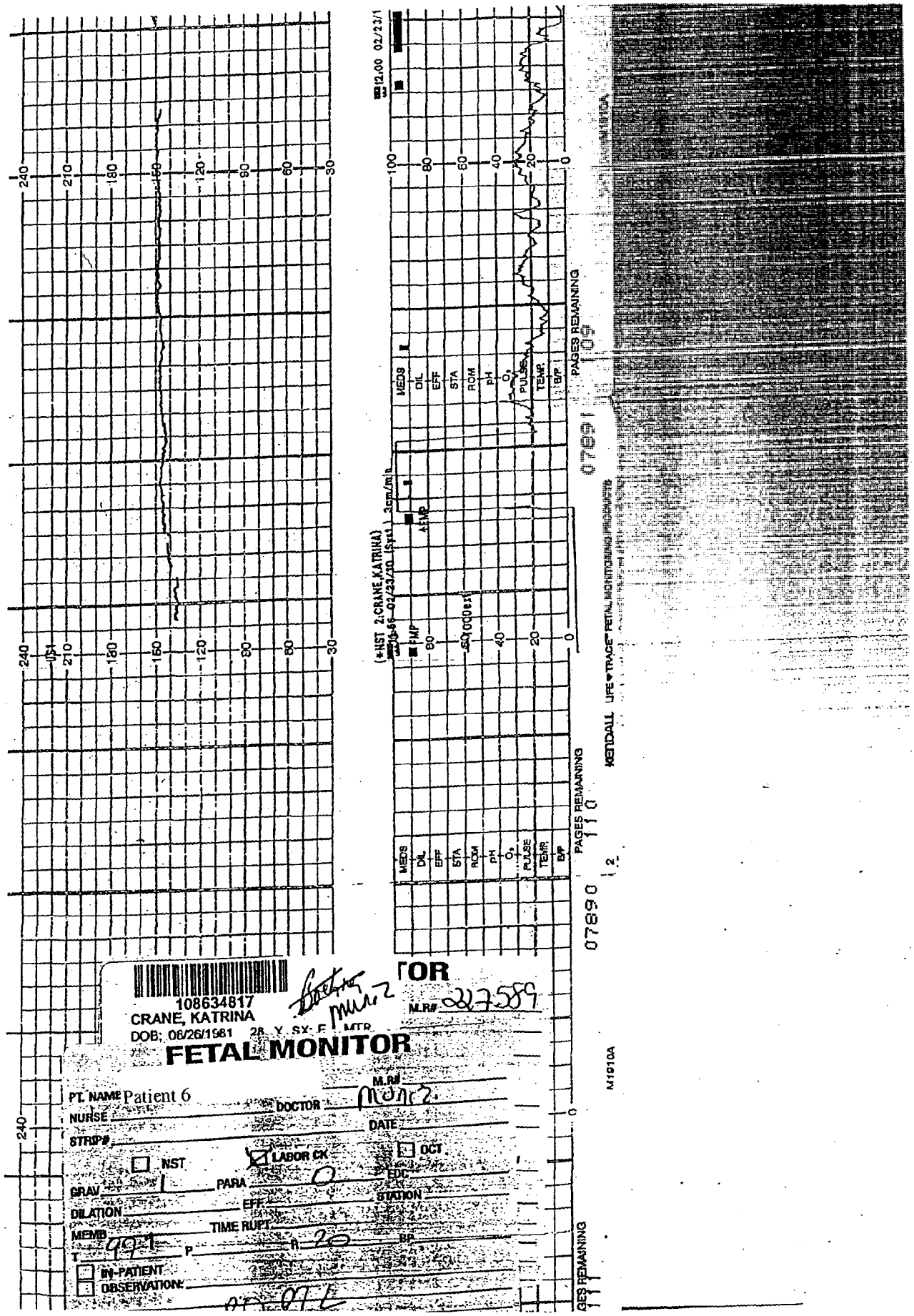
INIT.	SIGNATURES	INIT.	SIGNATURES
R	[illegible signature]		[illegible signature]

SUPPLEMENTAL VITAL SIGNS FLOW SHEET

PATIENT INFORMATION

Patient 6 28 Y SX: F MAT
MRN: 227589 ADM/REG DT: 02/23/2010
Aiken Regional Medical Centers

601.36 10-2237 GR0010


108634817
CRANE, KATRINA
DOB: 06/26/1981
FETAL MONITOR
M.R.#
PT. NAME Patient 6
NURSE
DOCTOR
DATE
STRIP#
NST
LABOR CK
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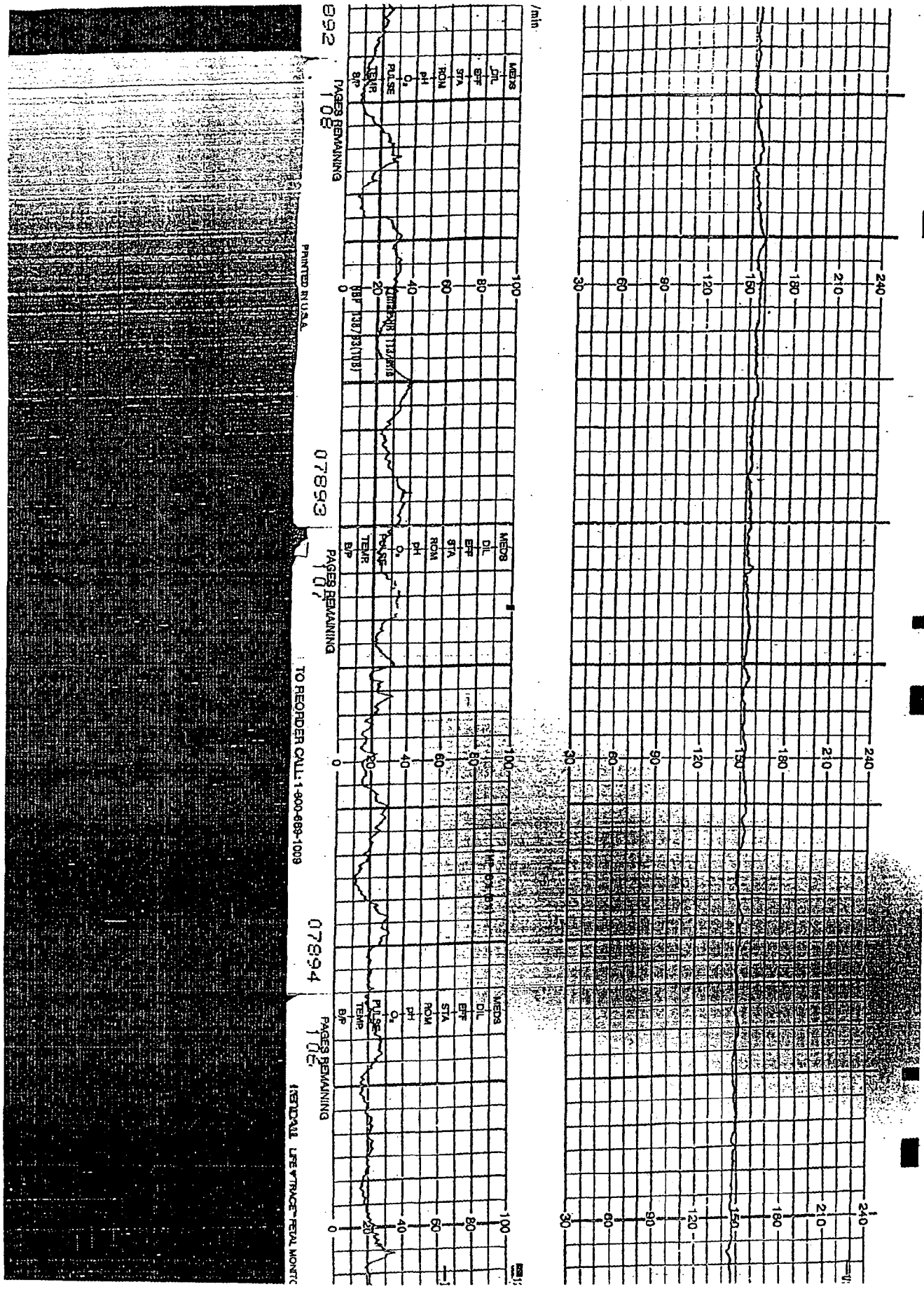
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TO REORDER CALL: 1-800-669-1009
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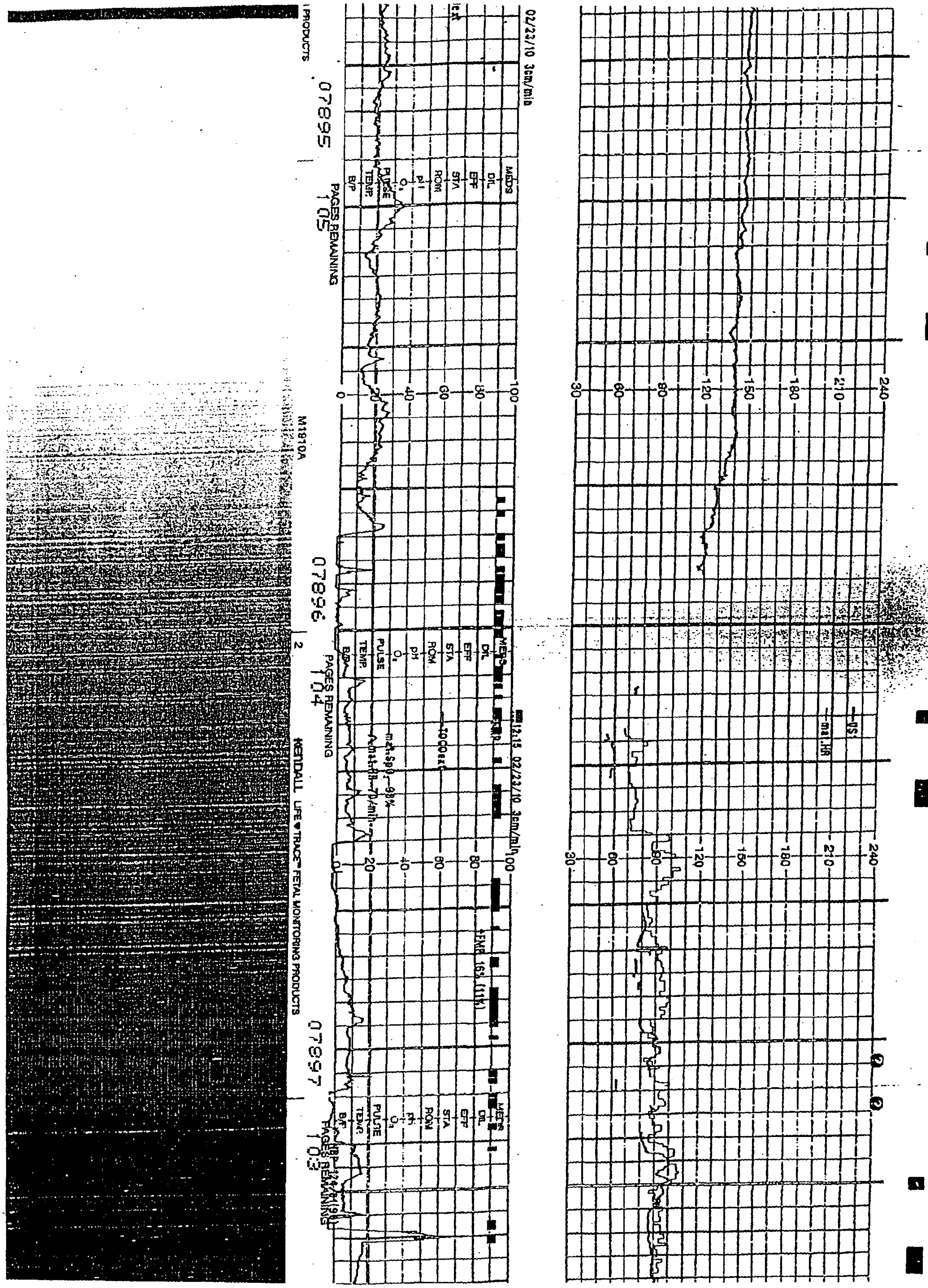
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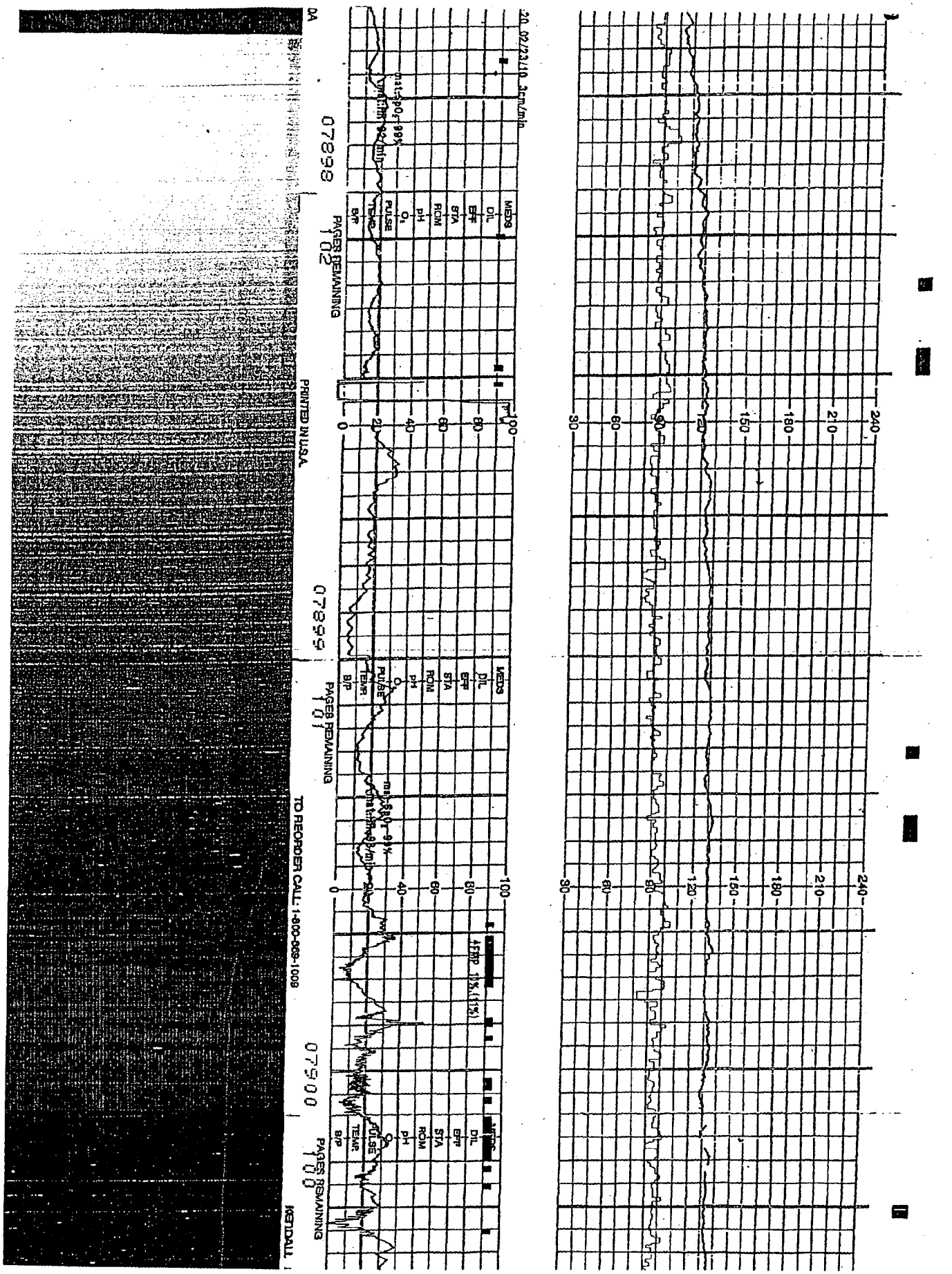
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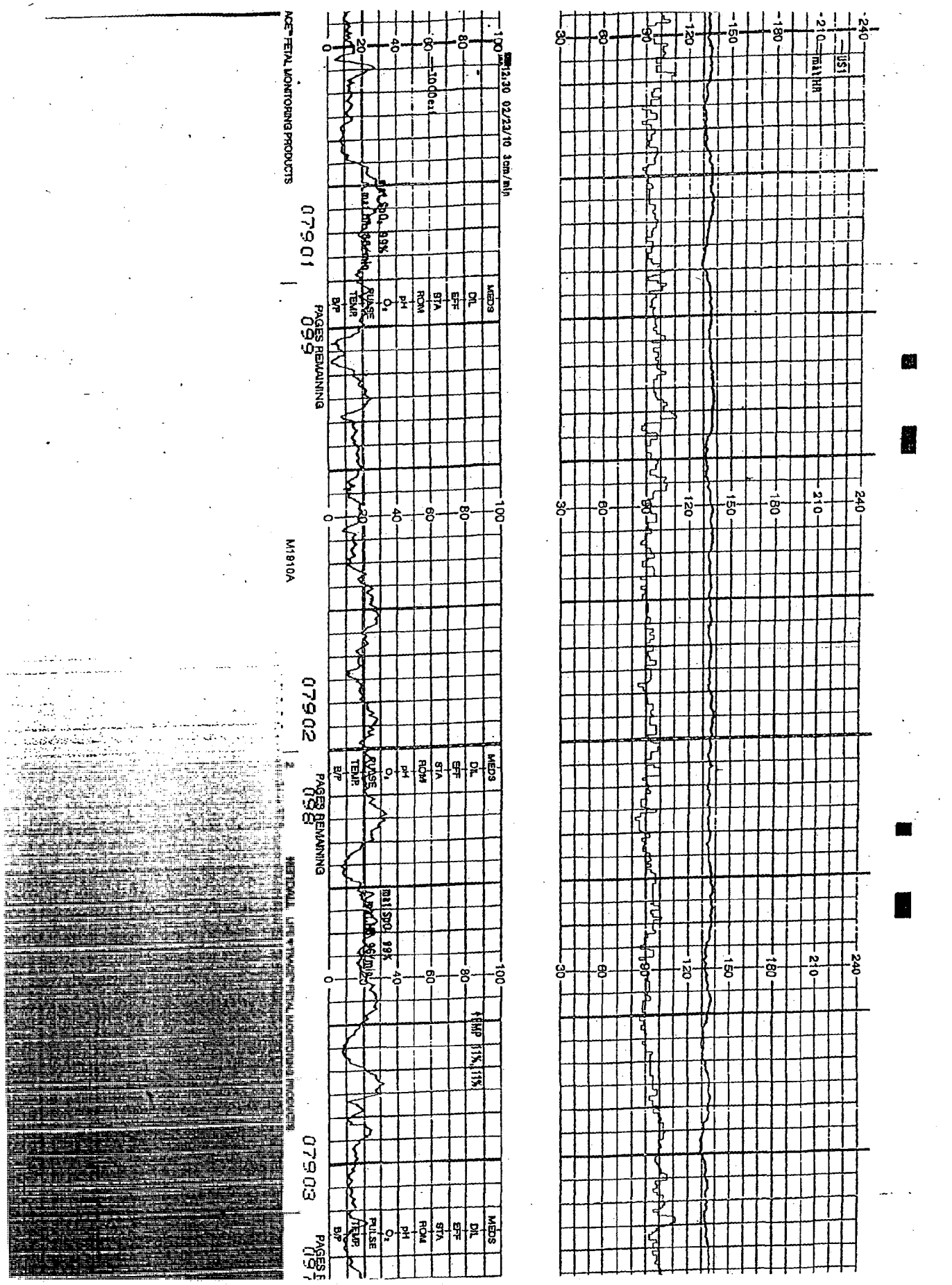
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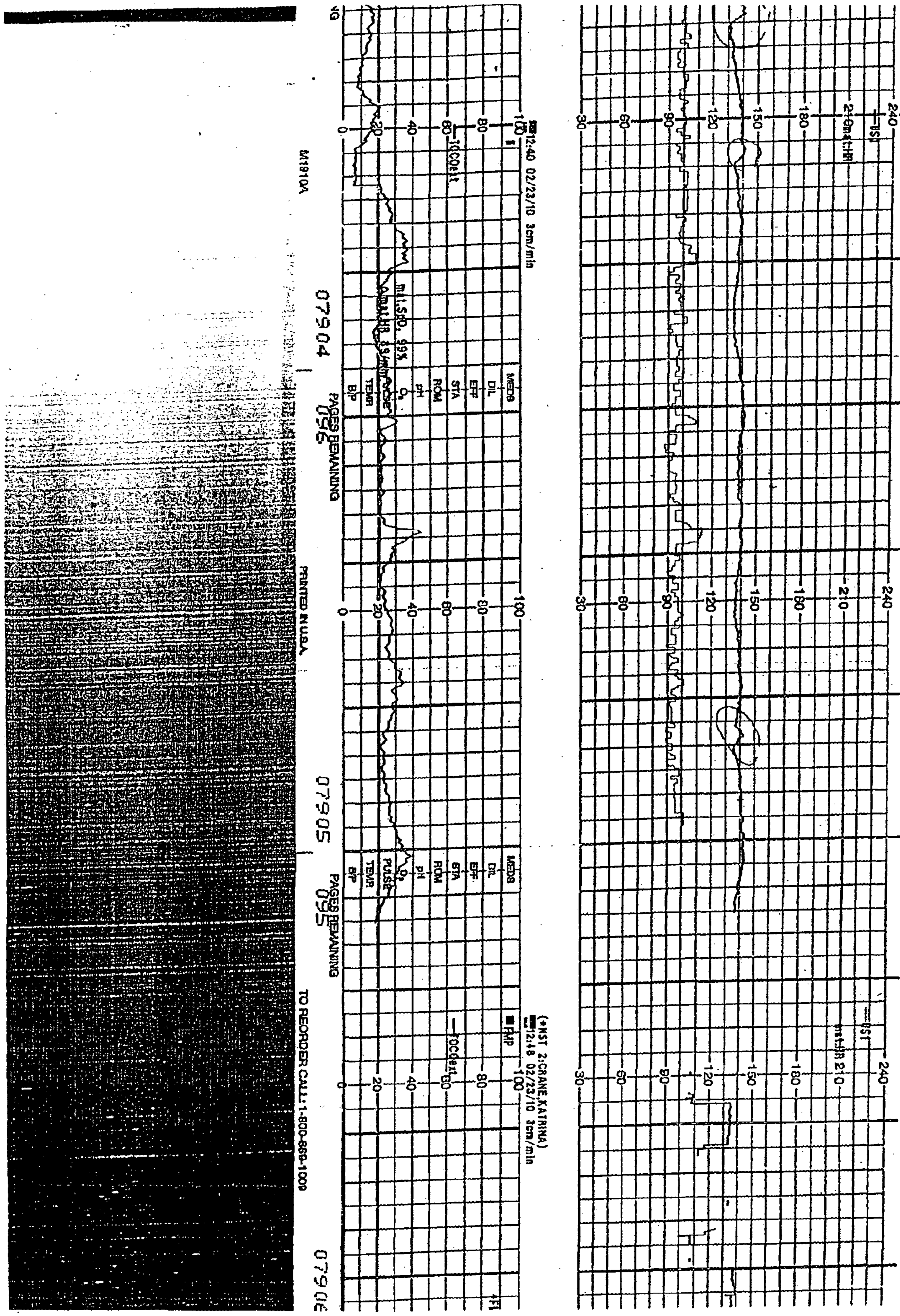
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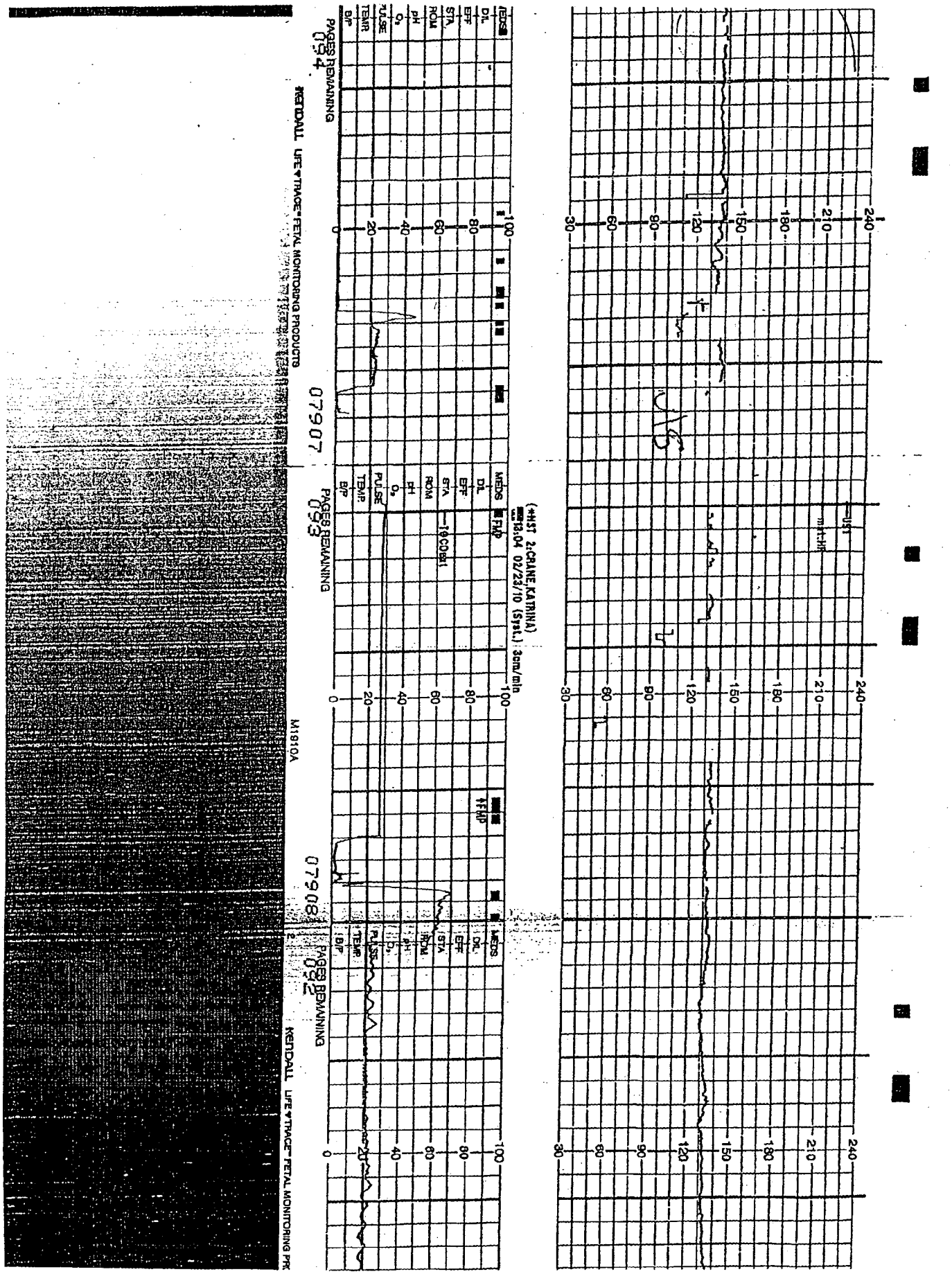

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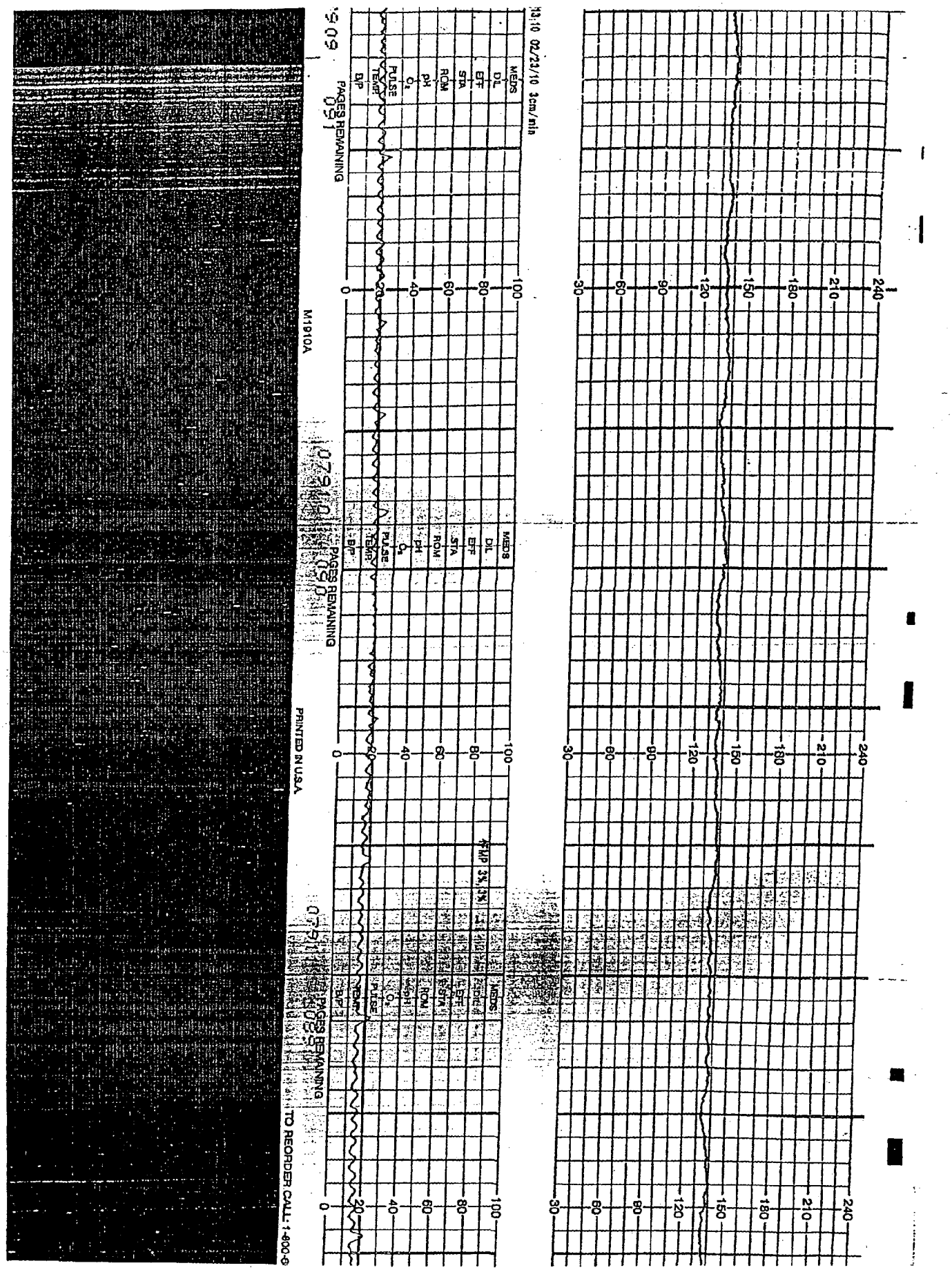
ARMC-MM 00539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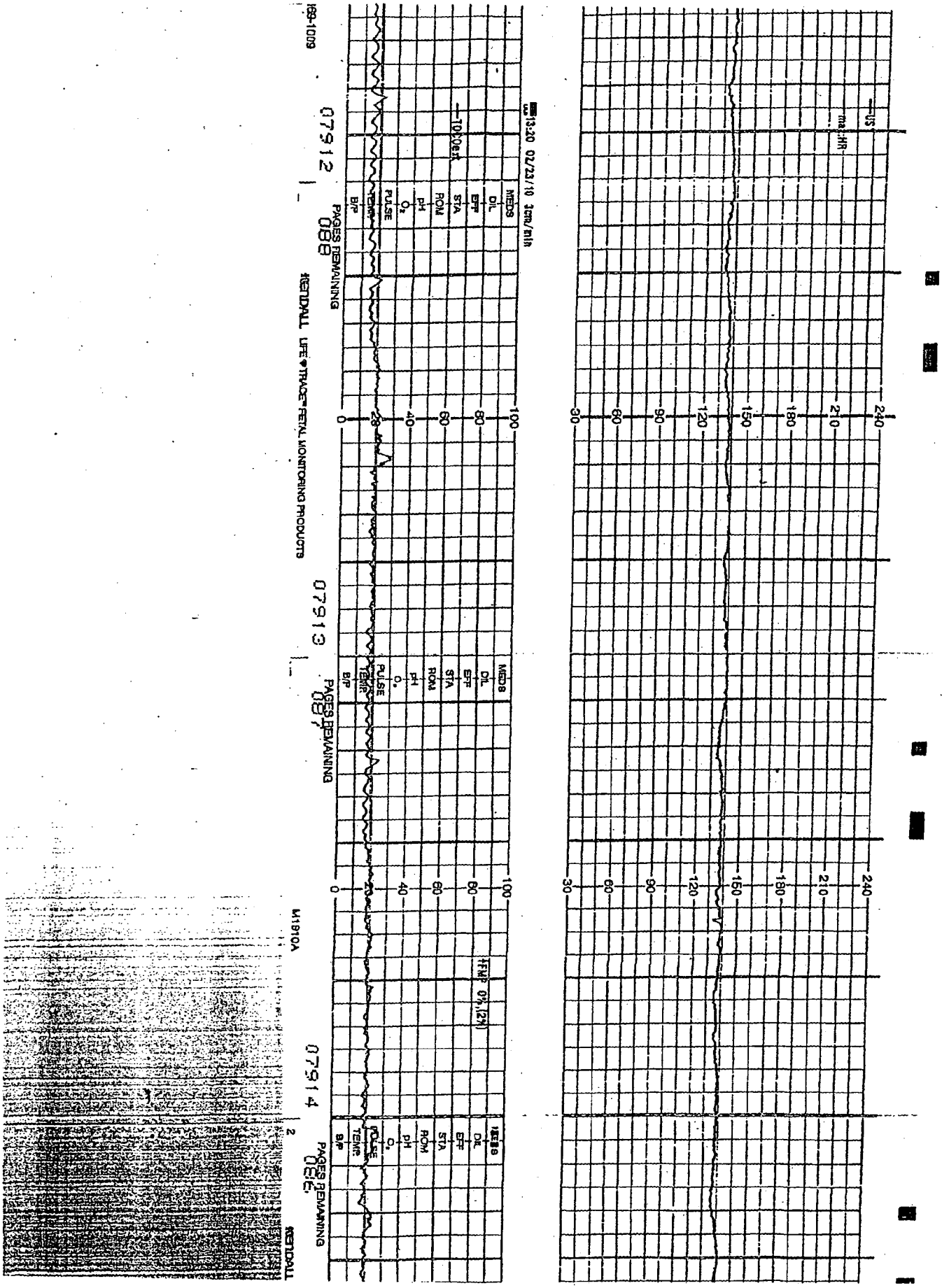

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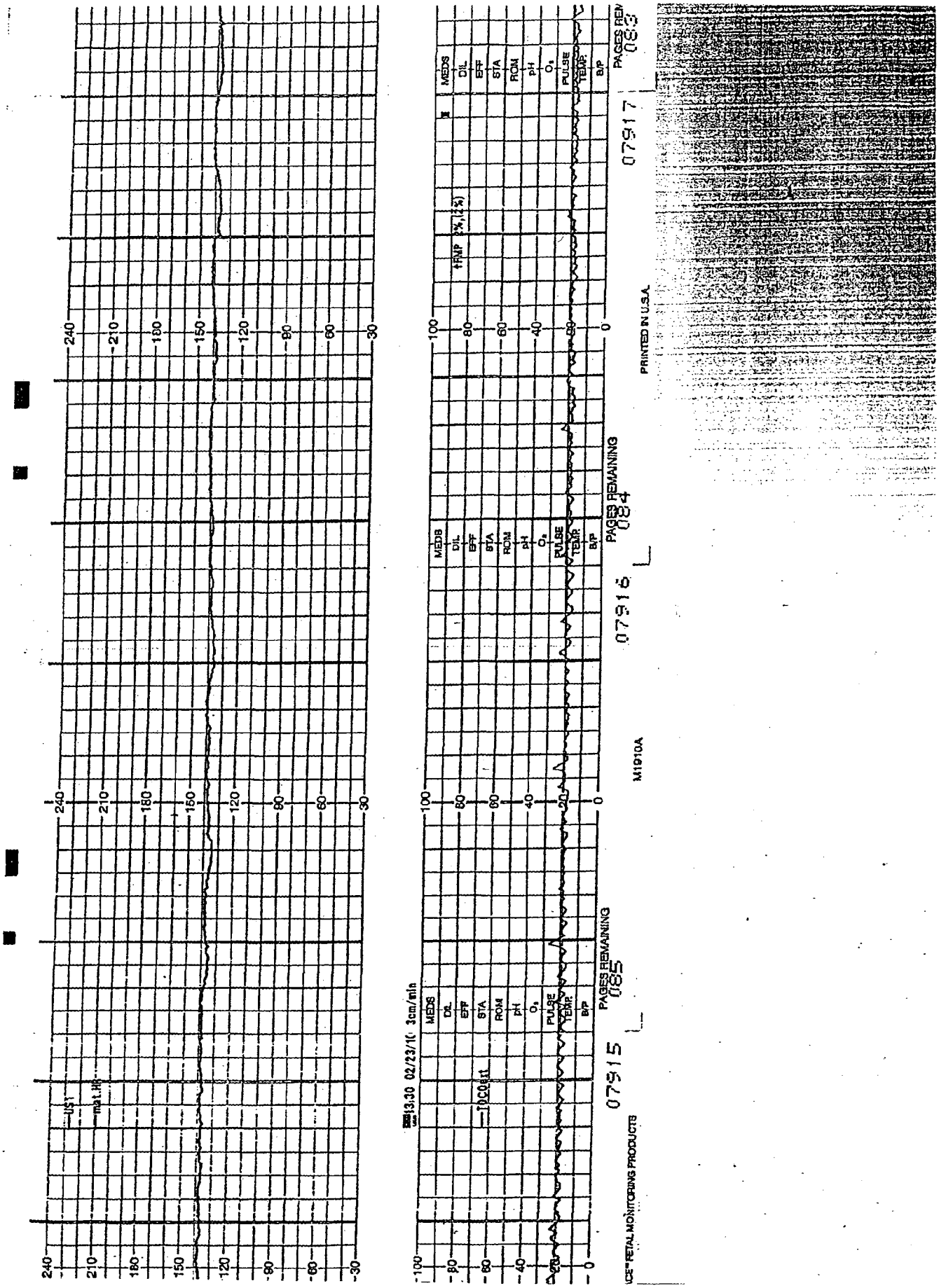
ARMC-MM 00541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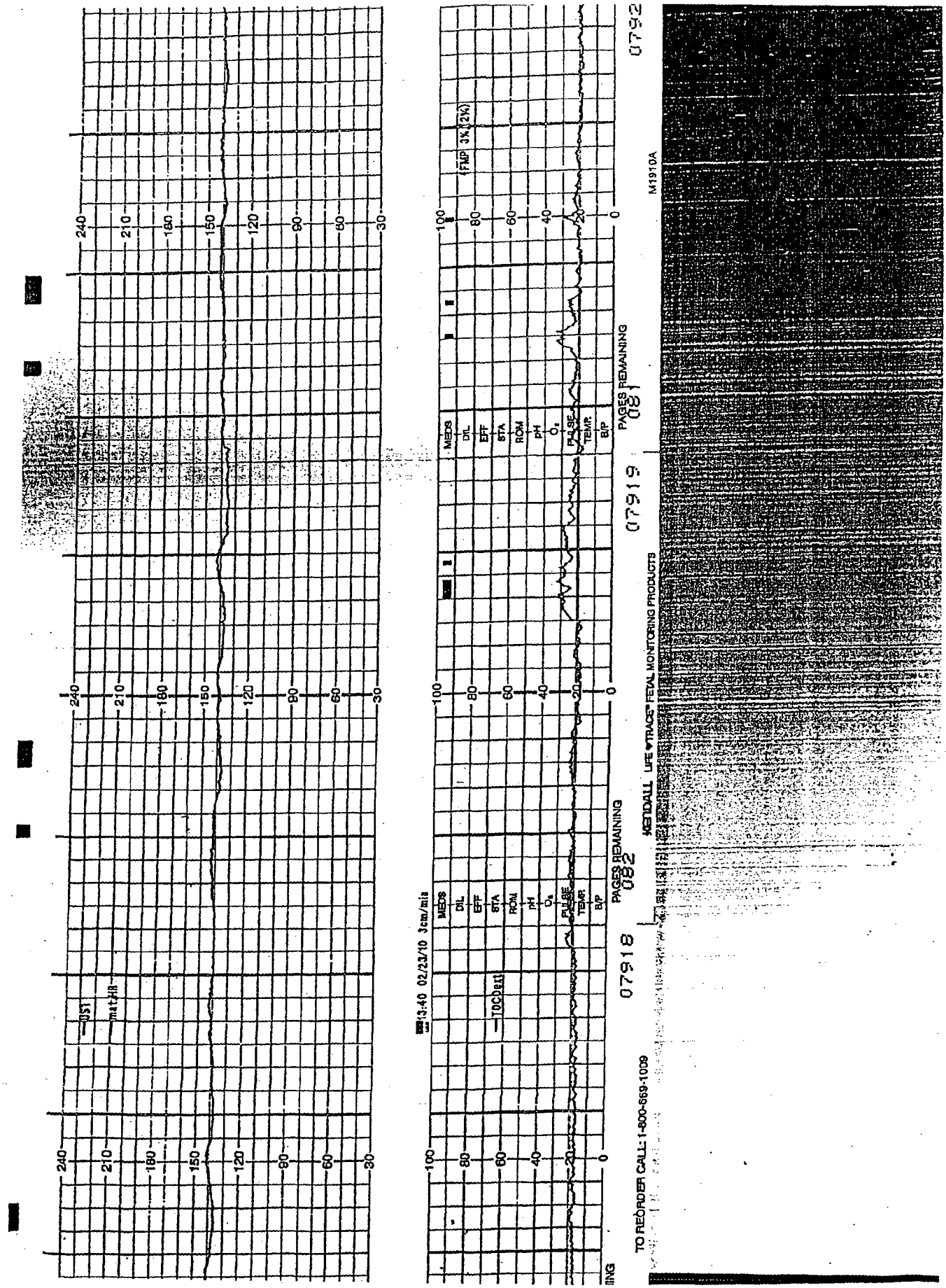
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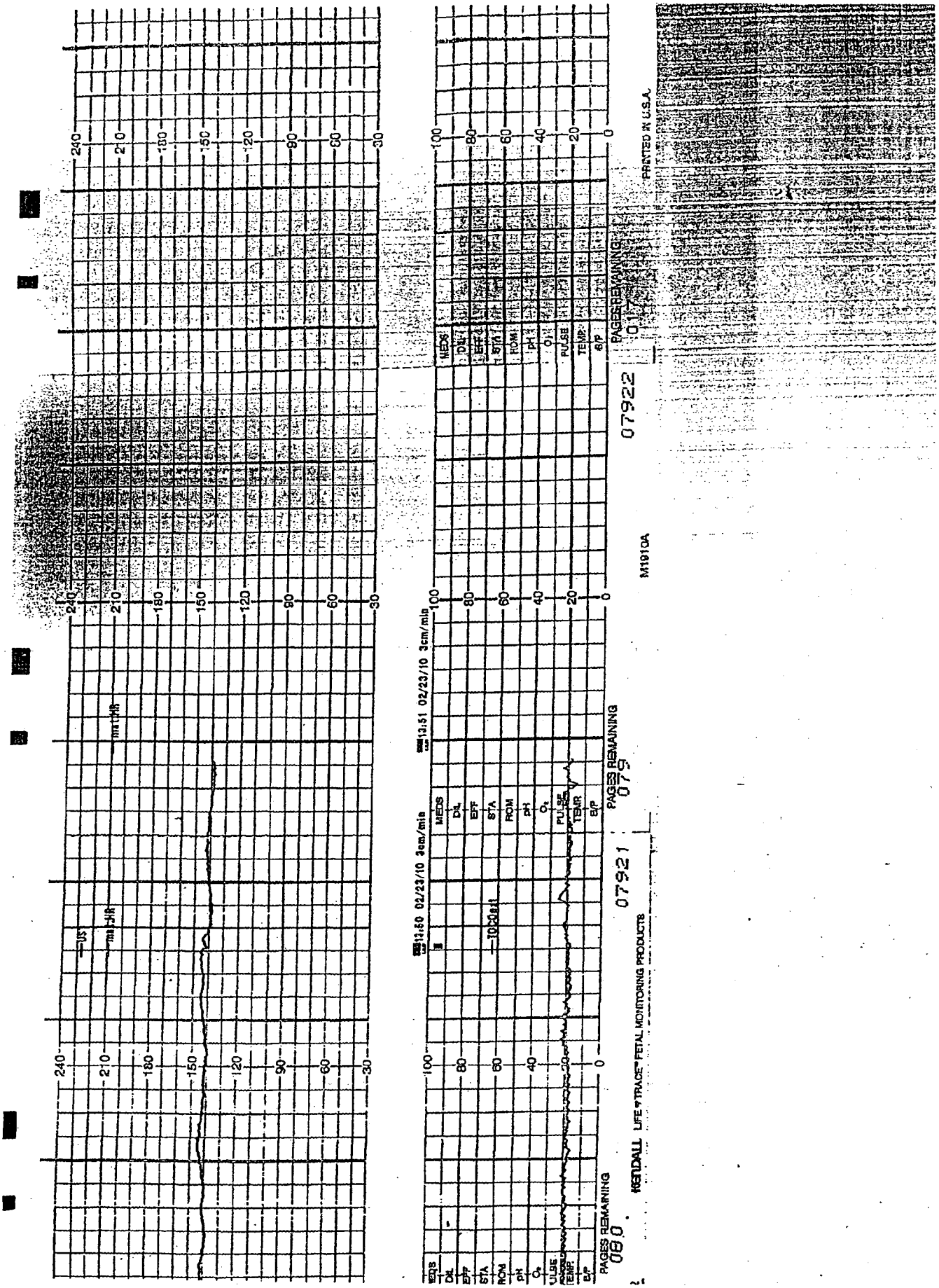
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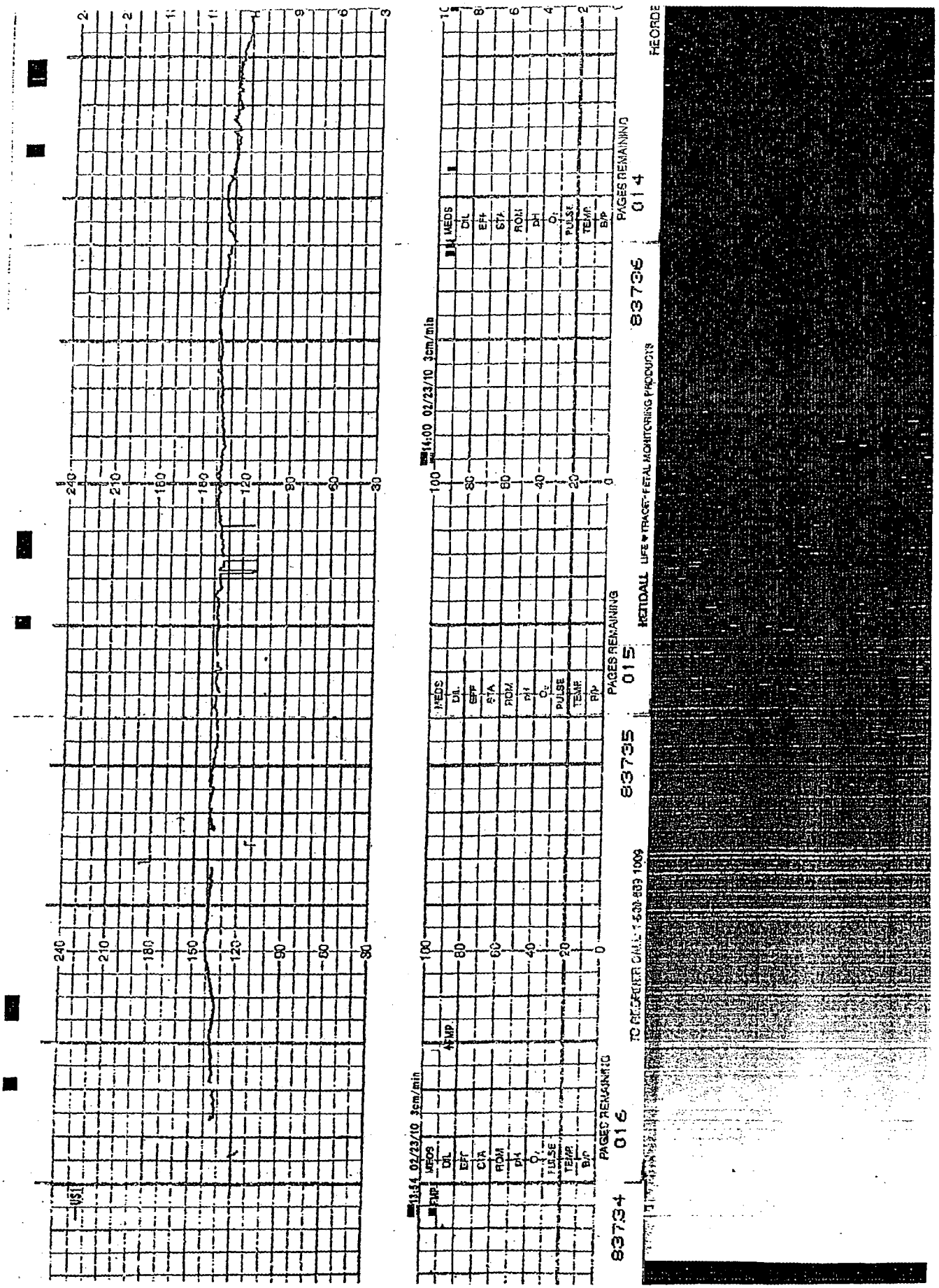
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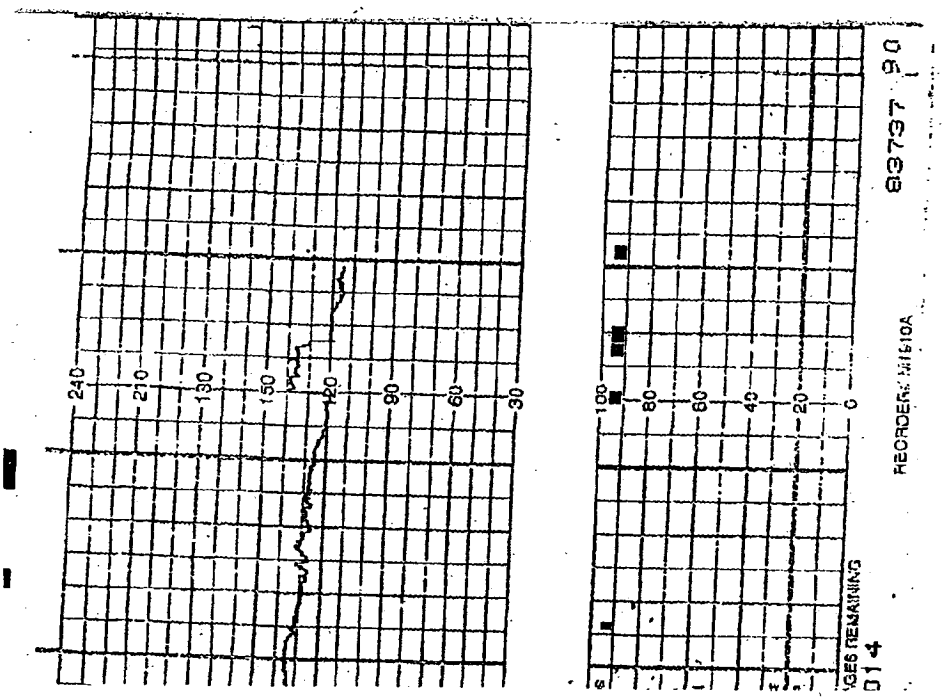
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Aiken Regional
MEDICAL CENTERS
www.aikenregional.com

February 25, 2010

Hand Delivered 2/25/10
Certified Mail # 70031010000049627473

CONFIDENTIAL

Margo Muniz, M.D.
410 University Parkway, Suite 2300
Aiken, South Carolina 29801

Re: Notice of Precautionary Suspension

Dear Doctor Muniz:

This letter is to inform you that effective immediately and in accordance with Article 6.C.1 (a) of the Medical Staff Bylaws (copy enclosed for reference), your medical staff membership and clinical privileges at Aiken Regional Medical Center are under precautionary suspension. This precautionary suspension is based upon the catastrophic adverse outcome (death) that occurred on February 23, 2010, and the determination that continued privileges may result in imminent danger to the health or safety of your patients.

Specifically, you attended to the patient who presented to Labor and Delivery thirty (30) weeks pregnant, and in pain. You gave inappropriate medication, and while fetal strips identified the baby in distress, treatment was delayed for two (2) hours. You failed to recognize an emergent situation. See, medical record # 227589.

The Medical Staff Executive Committee will review this matter within fourteen (14) days or as soon as is reasonably practical to determine whether there is sufficient information to warrant a recommendation, or proceed under the investigative procedure.

You may request a meeting with the Medical Staff Executive Committee to discuss the circumstances leading to the suspension. If you wish a meeting you should request that in writing, delivered either in person or by certified or registered mail, to the Chief of Staff, Francis DiBona, M.D., within ten (10) days of your receipt of this notice. The interview shall not constitute a hearing and shall be informal and preliminary in nature and shall not be conducted according to the procedural rules under the Fair Hearing Plan.

2/25/10 3:10PM

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803-641-5000
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2005 UHS Service Excellence Award Winner

Please be advised that the Hospital is required to report any suspension of Staff Membership and/or clinical privileges that extends beyond thirty (30) days to the National Practitioner Data Bank.
Sincerely,

Francis DiBona, MD
Chief of Staff

Oletha Minto, MD
Chief of Surgery

Carlos Milanes
Chief Executive Officer

Magnolia Medical Center
P.O. Box 2037
Suite 2300, 410 University Parkway
Aiken, SC 29802

March 2, 2010

VIA HAND DELIVERY
Francis DiBona, MD
Chief of Staff
Aiken Regional Medical Centers
302 University Parkway
Aiken, SC 29801

Dear Dr. DiBona:

Please let this letter serve as my formal request for a meeting with the Medical Staff Executive Committee to discuss the circumstances of case # 227589 for which my privileges have been suspended. I request that this meeting take place as soon as possible. Section 6.C.2 of the Medical Staff Bylaws provides that the Medical Executive Committee will make a determination in a "reasonable time." In light of ARMC's threat to report my suspension to the National Practitioner Data Bank if it remains in effect past 30 days, it seems only reasonable that this action be taken as quickly as possible to avoid this event.

As a preliminary answer to the MEC, I believe all of my actions were well within the standard of care for this patient and do not warrant a summary suspension of my privileges. There is no imminent danger to the health or safety of an individual, and my conduct will not interfere with the orderly operation of ARMC. Therefore, I ask that my privileges be taken off suspension. At the very least I would ask the hospital to take my privileges off suspension until the MEC can meet to discuss my case. An objective view of the evidence does not indicate any breach of the standard of care that would even remotely demonstrate an immediate danger to my patients.

Very truly yours,

Margo Muniz, MD

Magnolia Medical Center
Phone: (803) 649-6366 Fax: (803) 649-6347
magnoliamedical@bellsouth.net
www.magnoliamedical.medem.com

Medical Executive Committee
Special Called Meeting
Minutes
March 03, 2010

Present:

V. Massie, MD	J. Anderson, MD
F. DiBona, MD	R. Mummaneni, MD
W. Frei, MD	O. Minto, MD
P. Paxton, MD	R. Robinson, MD
E. Yeh, MD	

Terri Ergle, Medical Staff Coordinator
Sharon Hagan, Director of Development
Carlos Milanes, CEO
Scott Ansede, COO

I. **CALL TO ORDER**

The special called meeting of the Medical Executive Committee Executive Session was called to order at 7:00am by F. DiBona, MD , chief of staff.

Dr. DiBona began by explaining why this meeting was called. On February 25, 2010 Dr. Margo Muniz was placed on precautionary suspension by the Chief of Staff, the Chief Executive Officer and the Chairman of Surgery. This precautionary suspension was based upon the catastrophic adverse outcome (death) that occurred on February 23, 2010, and the determination that continued privileges may result in imminent danger to the health or safety of Dr. Muniz's patients. Dr. Muniz was notified on February 25, 2010 of this suspension and the bylaws requirement that Medical Executive Committee meet to review the circumstances of the suspension and whether there is sufficient information to warrant a recommendation.

The medical record along with the fetal strips were available at this meeting for all members to review. This file has been reviewed by the OB/GYN member of the peer review committee and a second review was done by the chairman of surgery. Both reviews determined there was inappropriate medication given and while fetal strips clearly identified the baby in distress, treatment was delayed for two (2) hours. Dr. Muniz failed to recognize the emergent situation.

It was reported that the medical record has also been sent to an outside reviewer, but the results are not back yet. Members suggested that an additional outside review also be obtained.

Motion was made and seconded to terminate Dr. Muniz's medical staff appointment and privileges. Motion carried with a unanimous vote.

Dr. DiBona then reported that he received a letter just yesterday from Dr. Muniz requesting a meeting with the MEC as provided for in the medical staff bylaws. Members agreed to call another special meeting on Tuesday, March 9 and invite Dr. Muniz to attend.

With no further business the meeting adjourned.

Terri Ergle, CPCS

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MEDICAL CENTERS
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March 3, 2010

Certified Mail # 7003 1010 0000 4962 7497

Hand Delivered 3/03/10

CONFIDENTIAL

Ms. Margo Muniz, M.D.
410 University Parkway, Suite 2300
Aiken, South Carolina 29801

Re: Notice of Time Date, and Place of MEC Meeting

Dear Doctor Muniz:

This letter is to acknowledge receipt of your request to meet with the Medical Executive Committee (MEC) concerning your suspension of February 25, 2010. Please be advised that the MEC will meet on Tuesday, March 9, 2010 at 7:00 am in the 6th floor Board Room at Aiken Regional Medical Centers. The MEC will allow you 15 minutes to make your presentation. According to the Medical Staff Bylaws this meeting is not a hearing you are not entitled to be represented by legal counsel. The suspension will continue at least until this meeting.

Sincerely,

Francis DiBona, MD
Chief of Staff

3/3/10 10:20 AM

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Events of: Patient 6 Delivery:

12: 18pm: I was notified of the patient's presence on L&D. Told by nursing patient had a variable deceleration, back pain and abdominal pain. I was requested to come and assess, which I did.

5 min

Decel

12:23: I arrived in about 3 minutes and assessed patient. Variable had resolved. Patient's pain was 3/10 at that time. Her physical exam was not consistent with acute abruption and more consistent with preterm contractions, for the following reasons; differential diagnosis.....

Abruption	Preterm contractions
**The patient was not having any vaginal bleeding.	The patient's pain is reported in nurse's notes as mild. She only had one episode of more intense pain, which resolved quickly.
**Patient was not in severe pain. Acute abruption is associated with severe pain and patient should have been tachycardic, with increased respirations if pain severe and had no appearance on exam of acute abruption.	Patient's strip showed preterm contractions.
Patient's only risk factor was PIH which was well controlled on low dose Aldomet.	Risk factor for PTL is varied, UTI (UA pending) patient could have been dry (had not eaten or had drinks since before 8 am
Patient's hemoglobin was 10.5. Not consistent with acute abruption.	
Patients' with abruption usually have severe steady abdominal pain.	Patient had intermittent pain the week before her presentation, and was feeling her contractions.
Her placenta was anterior and would not have caused her back pain	Patients with PTL can have back pain, abruption pain is usually in the abdomen.

MEC STATEMET: *Patient was given Terbutaline inappropriately.*

Rational:

I ordered verbal order for BPP, and assess placenta. I ordered a small dose of SQ terbutaline x one dose.

Rational:

① "Fetal heart rate up at 12:20."

② Contractions were substantially reduced by the terbutaline.

③ There was no "treatment delayed for 2 hours."

decel

1) The use of terbutaline as a trial dose to stop preterm contractions is not inappropriate. I had no proof that the patient had an abruption after her examination.
   a. If patient was having preterm contractions, it would stop them.
   b. The baby's heart rate had decreased variability (*not distress*) the variable had resolved and not recurred. The administration of terbutaline would relax uterus allowing increased blood flow and oxygen to baby and may help improve variability.
   c. Giving terbutaline in these situations was done in both residencies I attended. It aids in differential diagnosis. Contractions would not stop if there was a chronic or acute abruption.
   d. Terbutaline in either situation would relax uterus increasing oxygen to baby.
   e. Terbutaline can be easily reversed when required if delivery needed with Hemabate or with Cytotec. Methergine is contraindicated as patient had PIH. Therefore its trial is of no harm.
   f. The patient was stable with out further decelerations at time of administration.

MEC Statement: *Baby was in distress and treatment was delayed for 2 hours.*

1) Decreased variability is not the same as fetal distress. Decreased variability can be caused by a myriad of factors. The one deceleration had resolved. The chronic decreased variability was a sign of permanent anoxic brain injury from the chronic abruption. The heart rate remained in the 140's.
2) Work-up was indicated. Indiscriminant delivery by cesarean section is inappropriate without decelerations or proof that baby will not recover with oxygen therapy, relaxation of the uterus with terbutaline, and evaluation with the ultrasound.
3) Imminent delivery by cesarean is only indicated if the strip did not allow work-up *aka decelerations persist, maternal pain severe and c/w acute abruption*, vaginal bleeding etc.
4) Delivery of a 30 week infant in a level two hospital is inappropriate without appropriate indications as the baby can have respiratory collapse, NEC, brain injury, etc.
5) Please see notes and u/s and strip with my handwriting on it.
   a) 12:23 patient assessed and physical exam not c/w abruption yet. u/s needed, labs needed.
   b) 13:35: u/s results back. This took ONE hour. Dr. Toomer told me baby looked fine, but looked like there may be a abruption. See time stamp on this document. If the baby was "in distress" he would have noticed it and he would have told me so. I trust Dr. Toomer, although he did not give a verbal BPP, the fact that he said the baby "looked fine" indicated that it was not in distress. *The fact that the tech took time to do the scan and the scan was not reported in less than an hour 's time*

1 hour 12 min u/s

2 min to call u/s

① C/S was called at 13:30.

② MCG transport team is reference to transport of the infant, not the mother.

③ Clearly this was a chronic abruption.

④ Convulsive uterus - very blue.

⑤ There is no evidence of late decels in the FHT strip. [Note: persistent late decels are ominous, especially if the decelerations are associated with loss of short-term variability.]

indicated that both the tech and the experienced radiologist did not see distress in the infant on live imaging.

c) 13:37: I received results from Dr. Toomer and acted immediately. See notes.

13min

d) 13:40: Called C/S. Tried to arrange with Dr. Su MCG transport team to be present. Would take to long. Dr. Bryan was witness to all events from 13:37 on and the nurses and pediatrics all agreed with plan.

11min

e) 13:53: anesthesia placed. The fact that spinal was given indicates all present myself, nurses, anesthesia and pediatricians felt baby not in distress, but in need of delivery.

3min

f) 14:04 toco off, heart rate with no change or further variables.

g) 14:07: incision made

4min

h) 14:11 Baby delivered.

In summary, this patient was not ignored. Her work-up was appropriate and followed appropriate guidelines. The death of this infant was from chronic anoxic brain damage, and if the baby had lived it would have been severely mentally damaged. The appearance of infant, placenta was consistent with this diagnosis. Verbal opinion of Dr. ~~Pyspac~~ Trspac also agreed on his preliminary evaluation.

Re: placenta

Also note that the hemoglobin pre and post op did not change which indicates that most of the bleed was chronic. Her blood did not drop until the next day after lochia, hemodilution etc.

I feel the team did a great job with this situation. I think the nurses, pediatricians, anesthesia radiology all pooled together to do the best we could for this unfortunate lady. She has seen me already since this event and she is very happy with her care, and her family is very impressed with our thoroughness. I believe she has a thrombophilia that resulted in this event, and we plan to keep in touch on this issue.

I respectfully request the MEC to reconsider its suspension, as I believe the decision was made inadvertently without all of the data.

Sincerely,

Margo Muniz, M.D., R.Ph

Aiken Regional MEDICAL CENTERS

302 University Parkway, Aiken, SC 29802-1117
(803) 641-5170 Fax (803) 641-5140 www.aikenregional.com

Pathology Report

Patient Information

Name:	Age: 28	Accession#: A10:1127
ID#: 108634817	Sex: F	Collected: 2/23/2010
Referred By: Margo J Muniz, MD	DOB:	Received: 2/23/2010

Diagnosis

"PLACENTA":
PRETERM THIRD TRIMESTER PLACENTA WITH THREE VESSEL UMBILICAL CORD
RETROPLACENTAL HEMATOMA WITH PATCHY DECIDUAL NECROSIS AND DECIDUAL VESSEL THROMBOSES, SEE COMMENT
INTERVILLOUS HEMORRHAGE AND PATCHY VILLOUS EDEMA

Thrombophilia Panel?

Comment

The placenta trimmed weight is somewhat less than the mean weight and 50th percentile for 30-31 week gestational age. There is some villous size heterogeneity. There are small mature villi with syncytial knots as well as larger intermediate villi. There are scattered edematous villi. There are areas of intervillous hemorrhage with expansion of intervillous spaces. There is patchy perivillous fibrin deposition. A detached 150 gram formed, lobulated clot is present. The placenta macroscopically shows a distinctive 11.0 x 8.5 cm area of irregular concavity and indentation on the maternal aspect. These changes extend to the placental margin and are associated with patchy adherent dark red-brown clotted blood. There is thinning of the involved placental parenchyma which ranges from a 1.5 to 2.8 cm thickness. Uninvolved areas of placenta are up to 3.8 cm in thickness. Sections of the basal plate show decidual hemorrhage, dilated and congested vessels and patchy decidual necrosis with scattered neutrophils. There are also sparse scattered yellow-brown pigmented deposits and pigmented histiocytes suggestive of hemosiderophages. Some decidual vessels contain thrombi suggesting the possibility of decidual vasculopathy which may be associated with pregnancy-induced hypertension as well as maternal thrombophilic conditions. There is no evidence of acute chorioamnionitis or funisitis. Clinically, an obstetrical ultrasound performed on 2/23/10 noted a hypoechoic, avascular area posterior to the placenta suspicious for placental abruption. The obstetrical operative report noted the presence of a Couvelaire uterus and placental abruption. The gross and microscopic findings within the placenta are consistent with abruption. Clinical correlation is recommended.

A chronic

Clinical Diagnosis/History

g1, p0, gestational age 30 5/7 weeks, abruption

Procedure

primary cesarean section

Gross Description

"placenta" - Received is a 16.0 x 12.5 x 3.8 cm placenta with an attached umbilical cord and attached membranes. The grey-tan, semi-translucent membranes insert marginally. The 27.0 x 1.3 cm umbilical cord inserts paramarginally 1.0 cm from the closest disc margin and contains three vessels. There is some parenchymal hemorrhage subjacent to the umbilical cord insertion. The trimmed weight is 384 grams. The fetal surface is purple-blue. The maternal surface is grey-brown with areas of irregularity and loss of the cotyledon pattern. There is a distinctive area of concavity and indentation on the maternal aspect, 11.0 x 8.5 cm which extends to the placental margin. The placental thickness in this area ranges from 1.5 to 2.8 cm. There is adherent dark red-brown formed clot variably over the depressed maternal aspect and placenta margin. The parenchymal cut surfaces are spongy, red without discrete lesions. There are hyperemic areas along the base. Also within the specimen container is a lobulated formed dark red-brown to dark red-purple mass of clotted blood 150 gm. RS as labeled.
1 - Cord and central disc; 2 - Membranes and marginal disc; 3 - Sections from zone of indentation/concavity; 4,5 - Umbilical cord insertion and adjacent hemorrhagic parenchyma; 6,7 - Sections from zone of indentation/concavity; 8,9 - Placenta margin with hemorrhage; 10 - Detached formed clotted blood

Electronic Signature
Robert L. Williams, MD

Transcribed: 2/26/2010 1:16:58 PM
Reported: 2/26/2010 1:18:00 PM

CONFIDENTIAL
Peer Review Material

AIKEN REGIONAL MEDICAL CENTERS — RADIOLOGICAL CONSULTATION

PT NAME:
ROOM #: L/D
ACCT#: 108634817
DOB: /
SEX: F
STUDY DATE: 02/23/10
STUDY: US OB SCAN LTD
STUDY:
STUDY:

VT: OP
XRAY#: 1015102
MEDREC#: 277589
REF PHYS: MARGO MUNIZ
PRI PHYS: MARGO MUNIZ

CPT#1: 76815
CPT#2:
CPT#3:

CONFIDENTIAL - IF NOT INTENDED FOR YOU, PLEASE CALL (803) 641-5050

OBSTETRIC ULTRASOUND

Indication: Back pain. Deceleration. Rule out preterm labor.

Technique: Limited obstetric ultrasound is performed to evaluate the placenta's integrity. No prior films are available for direct comparison.

Findings: There is an IUP in vertex lie with an EGA of 39 weeks 5 days by LMP. The heart rate is 136-138 beats per minute. The AFI is adequate at 15 cm. There is a hypoechoic, avascular area posterior to the placenta, which is suspicious for placental abruption for which clinical correlation and close interval follow-up are recommended.

Impression:

1. Suspicion for placental abruption for which clinical correlation and close interval follow-up are recommended.
2. The preliminary results of this study were called to Dr. Muniz immediately following the exam.

Dictated By: Anthony Toomei, M.D.
DID 45443

D:/T:ys/1884919 /Job ID 2087016 /DT:02/23/2010 15:26:13 /TD:02/23/2010 16:36:38 /Rev: 02/23/2010 16:36:38
CC:

Dict time
15:26.

PT NAME:

VARIABLE TEXT
PAGE # 1

Medical Executive Committee
Special Called Meeting
Minutes
March 09, 2010

Present:

V. Massie, MD	J. Anderson, MD
F. DiBona, MD	R. Munmaneni, MD
W. Frei, MD	O. Minto, MD
P. Paxton, MD	E. Yeh, MD

Terri Ergle, Medical Staff Coordinator
Sharon Hagan, Director of Development
Carlos Milanes, CEO

I. CALL TO ORDER

The special called meeting of the Medical Executive Committee Executive Session was called to order at 7:00am by F. DiBona, MD , chief of staff.

This special meeting was called at the request of Dr. Margo Muniz to discuss the patient chart that resulted in her suspension. Dr. DiBona opened the meeting and welcomed Dr. Muniz. Dr. Muniz was given 15 minutes to discuss the events leading up to the catastrophic outcome of case # 227589. Dr. Muniz presented a handout (see attached) with a timeline of the events beginning at 12:18 pm when she was notified of the patient's presence on L&D.

After Dr. Muniz completed her presentation, Dr. DiBona opened the floor for questions.

Dr. Muniz was excused at 7:30 am.

After some discussion a motion was made to terminate Dr. Muniz medical staff appointment and privileges. Motion was seconded and a unanimous vote was recorded. There was more discussion on the results of the outside reviews. The outside reviews are not back yet. Final recommendation will be held until receipt of the outside reviews. If outside reviews show a delay in treatment, motion to terminate will move forward. If outside reviews do not show a delay in treatment MEC will meet again to discuss.

There being no further business the meeting adjourned at 7:45 am.

Teri Ergle, CPCS
Medical Staff Coordinator

Aiken Regional
MEDICAL CENTERS
www.aikenregional.com

March 16, 2010

CONFIDENTIAL

Certified Mail # 70081830000028165249
Margo Muniz, M.D.
410 University Parkway, Suite 2300
Aiken, South Carolina 29801

Re: Notice of Adverse Recommendation/ Right to Request a Hearing

Dear Dr. Muniz:

On March 9, 2010, the Medical Staff Executive Committee (the "Committee") elected to continue the suspension of your clinical privileges. The Committee also recommended that your clinical privileges and medical staff membership be revoked.

The basis of that recommendation is as follows:

You attended to the patient who presented to Labor and Delivery thirty (30) weeks pregnant, and in pain. You gave inappropriate medication, and while fetal strips identified the baby in distress, treatment was delayed for two (2) hours. You failed to recognize an emergent situation. See, medical record # 227589.

In view of the Medical Staff Executive Committee's recommendation, this is to advise you of your right to request a hearing. A copy of the Hospital's Credentialing Policy governing hearing and appeal procedures is enclosed for your reference.

If you request a hearing, you must do so within thirty (30) days following your receipt of this Notice. Your request should be in writing and addressed to the Chief Executive Officer. If you do not request a hearing within that time frame, you shall be deemed to have waived any right to a hearing and appellate review to which you would otherwise be entitled. In that case, the recommendation of the Medical Staff Executive Committee shall become effective, pending final action of the Board of Governors.

If you request a hearing, the following is a summary of the rights which will be provided to you.

1. A hearing will be conducted before a Hearing Panel of not less than three (3) members, one of whom shall be designated as chairperson. The Hearing Panel shall be composed of members of the Medical Staff who did not actively participate in the matter at any previous level, physicians or laypersons not connected with the Medical Center or a combination thereof. You will be notified of the identities of the Committee members, and provided an opportunity before the Hearing to object to any member of the Hearing Panel, or to the Hearing Officer or Presiding Officer.

2. You will be notified in writing of the date, time and place of the hearing (the "Notice of Hearing"). The hearing date shall not be less than thirty (30) days after the date of the Notice, unless an earlier hearing date has been specifically agreed to in writing by the parties.

3. The Notice of Hearing will also include:

(a) a statement of the specific reasons for the recommendation;
(b) a list of the documentary evidence including charts, if any, and identification of the information supporting the recommendation;
(c) a list of the witnesses who are expected to testify at the hearing on behalf of the Medical Staff Executive Committee, and a brief summary of their anticipated testimony;

4. At the hearing you will be permitted to:

(a) call and examine witnesses;
(b) introduce exhibits;
(c) cross examine any witness;
(d) challenge any witness, and to rebut any evidence; and,
(e) submit a written statement at the close or following the close of the hearing.

5. Within twenty (20) days after the adjournment of the hearing, the Hearing Panel shall render a recommendation, accompanied by a report, which shall contain a concise statement of the basis for its recommendation. A copy of that report shall be provided to you;

6. A record of the hearing shall be made at the Hospital's expense. At your cost, a copy of the hearing record will also be provided to you upon request.

7. Within ten (10) days of the parties' receipt of the Hearing Panel's recommendation, either party may request an appeal. Appeals, if any, shall be made to the Hospital's Board of Governors whose decision will be final.

Additionally, you may be accompanied at the hearing by an attorney or a physician representative of your choice. If you will be accompanied by an attorney, you should let me know, in writing, as soon as possible so that the Medical Staff Executive Committee and/or Hearing Committee can obtain representation as well. Your failure to notify me in a timely fashion could result in a delay of the hearing. Please also be advised that if you elect to be represented by legal counsel, the role of attorneys shall be limited to advisory only. Your attorney may advise you before, during, and after the hearing but he/she will not be permitted to call, examine, or cross-examine witnesses or to present the case.

You may have additional rights under Article 7 of the Hospital's Credentialing Policy, a copy of which is enclosed for your information.

Sincerely,

Carlos Milanes
Chief Executive Officer

cc: Medical Staff Executive Committee

received 3/23/10 4:40 pm Teri Engle

March 23, 2010

Carlos Milanes
Chief Executive Officer
Aiken Regional Medical Centers
302 University Parkway
Aiken, SC 29801
(803) 641-5000

Dear Mr. Milanes:

Per your letter to me dated March 16 and the Hospital's Medical Staff Bylaws § 7.B.2, please let this letter serve as my formal written request for a hearing in the matter relating to the Medical Staff Committee's recommendation to terminate my privileges at Aiken Regional Medical Center.

I intend to be accompanied at the hearing by my counsel:

Thornwell F. Sowell, Esq.
David C. Dick, Esq.
1310 Gadsden St.
P.O. Box 11449
Columbia, SC 29211
(803) 929-1400

I also reserve the right to be represented by a physician advocate or advocates to be named at a later date.

According to the Hospital's Medical Staff Bylaws § 7.B.3 and your letter dated March 16, 2010, please provide my counsel and me with:

(1) the names of the Hearing Panel members, Hearing Panel Chairperson, Hearing Officer, and/or the Presiding Officer;
(2) the time, place, and date of the hearing;
(3) a list of the witnesses who are expected to testify at the hearing on behalf of the Medical Staff Executive Committee, and a brief summary of the anticipated testimony;
(4) a description of the acts or omissions with which I am charged; and,
(5) a list of the documentary evidence including charts, if any, and the reasons or other subject matter which will be relied upon.

Please inform my counsel and me of any pertinent details for the hearing and the customary procedure for making a presentation to the Hearing Panel. If you have any questions, please contact my counsel.

This letter is written without prejudice to my right to challenge the Medical Staff Bylaws and/or the procedures for a hearing, and therefore, I do not intend to waive any rights I have at law or in equity against the Hospital, its agents or employees, or anyone else.

Sincerely,

Margo Muniz, M.D.

cc: Thornwell F. Sowell, Esq.
David C. Dick, Esq.

Aiken Regional
MEDICAL CENTERS
www.aikenregional.com

RECEIVED
MAY 04 2010
McNair Law Firm, P.A.

Certified Mail # 70091680000195632786

CONFIDENTIAL / TO BE OPENED BY ADDRESSEE ONLY

Margo Muniz, M.D.
410 University Parkway, Suite 2300
Aiken, South Carolina 29801

Re: Notice of Hearing

Dear Doctor Muniz:

In response to your letter dated March 23, 2010 requesting a hearing concerning the MEC's recommendation to terminate your privileges at ARMC, a hearing has been scheduled to begin Tuesday, June 15, 2010, 5:00 pm in the Board Room at ARMC.

At the hearing, the Hearing Panel will consider the recommendation of the Medical Staff Executive Committee that your clinical privileges and medical staff membership be revoked. The recommendation of the Medical Staff Executive Committee is based upon the following:

> One February, 23, 2010, you attended to a patient who presented to Labor and Delivery thirty weeks pregnant and in pain. You gave inappropriate medication and while fetal monitoring strips identified the baby was in distress, treatment was delayed for two hours. You failed to recognize and to respond to an emergent situation. See medical record number 227589.

The recommendation of the Medical Staff Executive Committee is further based upon your history, including the prior peer review proceeding in which the Board of Governors required that you submit to an evaluation, and treatment if needed, by a physician with expertise in identifying and treating disruptive physicians and physicians with personality and behavioral disorders and issues, and also required 100 percent monitoring of your clinical cases for 12 months.

Further, in accordance with the Credentialing Policy of ARMC, the following information is provided herewith:

2. Hearing Panel Members:

Danijela Zotovic, MD – Internal Medicine
Anthony Toomer, MD – Radiology
Marc Brickman, MD – Internal Medicine
Jill Buchanan, MD – General Surgery
Anthony Greg, MD – Maternal Fetal Medicine

Ernest Nauful, Esquire - Presiding Officer

If you have any objection to service of any of the individuals listed above on the Hearing Panel, or to the Hearing Panel Presiding Officer, for any reason, including any objection that one or more are biased, or in direct economic competition with you, you should raise such objections, in writing, addressed to:

Carlos A. Milanes, CEO
Aiken Regional Medical Center
302 University Parkway
Aiken, SC 29801

Objections to the service of any Hearing Panel member or to the Chair shall be made no later than ten (10) days after your receipt of this Notice of Hearing.

3. Witness list:

Some or all of the following witnesses are expected to be called to testify in support of the Medical Staff Executive Committee:

- The employees identified in the patient record. These witnesses are expected to testify about chart # 227589.

Jessica Miller, RN
Michelle Walker, RN
Nancy Berkery, RN
Pamela Cooper, RN
Ernie Bargeron, RRT
Jessica Ford, RNC
Patricia Hilton, RNC
Bridget Angelos, RN
Miriam Derrick, RNC
Shelley Fulmer, Scrub Tech
Wendy Hadden, LPN
Deb Yoch, RN

Rob Chapman, CRNA
Richard Bradshaw, RRT

- Carlos A. Milanes, CEO. This witness is expected to testify about your prior peer review proceeding, and the circumstances giving rise to your current suspension.
- K.D. Justyn, former CEO. This witness is expected to testify about your prior peer review proceeding.
- Cindy Besson, M.D. This witness is expected to testify about her review of chart # 227589.
- Oletha R. Minto, M.D. This witness is expected to testify about her review of chart # 227589.
- Thomas P. Paxton, M.D. This witness is expected to testify about the Medical Peer Review Committee's review and the Medical Staff Executive Committee's review of charts #s: 248664, 156314, 262263, 86412, 70485 and 227589.
- Francis DiBona, M.D. This witness is expected to testify about your prior peer review proceeding, and the circumstances giving rise to the present peer review proceeding, including the Medical Staff Executive Committee's review of chart # 227589 and its recommendations.
- Dr. Thomas Rowland, Jr. This witness is expected to testify about his review of chart # 227589.
- Shahab Minassian, MD. This witness is expected to testify about his review of chart # 227589.
- Robert Williams, M.D. This witness is expected to testify about his findings regarding chart # 227589.

4. A description of grounds/charges:

Clinical competence in the treatment of patients identified by charts #s: 248664, 156314, 262263, 86412, 70485 and 227589, and your professional judgment.

5. List of all documentary evidence and charts.

- Charts #s: 248664, 156314, 262263, 86412, 70485 and 227589
- Minutes of the Medical Staff Executive Committee, dated March, June, August and October 2008.
- Minutes of the Aiken Regional Medical Centers Peer Review Committee dated January, February, March, May and August 2008.
- Hearing transcript, March 10, 2009, and Exhibits A-Q
- Report of hearing Panel, April 13, 2009
- Letter from Kay Bierman Brohl to Margo Muniz, MD, August 21, 2009
- Letter from Thornwell F. Sowell to Jane Trinkley, with 3 enclosures, October 20, 2009
- Chart # 227589
- External reviews by Thomas Rowland, M.D. and Shahab Minassian, M.D.
- Minutes of Medical Staff Executive Committee dated March 3, 2010 and March 9, 2010.

Pursuant to Section 7.C.1 of the Credentialing Policy in the Medical Staff Bylaws, you may receive copies of all patient medical records referred to in this letter by requesting in writing to:

Debbie Brown, Medical Records Director
Aiken Regional Medical Centers
302 University Parkway
Aiken, SC 29801
Fax: 803-641-5030

Copies of the above-referenced minutes and reports will be made available to you prior to the hearing.

Please be advised that the Presiding Officer may ask you to attend a Pre-Hearing Conference. At the Pre-Hearing conference, the Presiding Officer shall resolve all procedural questions, including any objections to exhibits or witnesses, and the time to be allotted to each witness's testimony and cross-examination.

At least 15 days before the Pre-Hearing Conference or 15 days before the hearing if no Pre-Hearing Conference is scheduled, you should provide a written list of the names of witnesses expected to testify on your behalf, including a brief summary of their anticipated testimony. That list should be forwarded to:

Carlos A. Milanes, CEO
Aiken Regional Medical Center
302 University Parkway
Aiken, SC 29801

Any correspondence, including requests for extensions of time, sooner hearing, or other consideration, should be directed to:

Carlos A. Milanes, CEO
Aiken Regional Medical Center
302 University Parkway
Aiken, SC 29801
Fax: 803-641-5690

Sincerely,

for Carlos Milanes

Carlos A. Milanes
Chief Executive Officer

cc: Ernest Nauful, Esquire, Presiding Officer
Francis DiBona, M.D., Chief of Staff
Thornwell F. Sowell, Esquire
Celeste T. Jones, Esquire

SOWELL GRAY

May 12, 2010

CONFIDENTIAL

VIA FACSIMILE (803-641-5690) AND U.S. MAIL
Mr. Carlos A. Milanes, CEO
Aiken Regional Medical Center
302 University Parkway
Aiken, South Carolina 29801

RE: Notice of Hearing – Margo Muniz, MD

Dear Mr. Milanes:

On behalf of Dr. Margo Muniz, I request that you consider and advise regarding the following requests in advance of the June 15, 2010 hearing:

1. Dr. Muniz respectfully objects to Dr. Marc Brickman as a member of the Hearing Panel. It is our belief that Dr. Brickman is subsidized by the hospital, and therefore a conflict of interest exists. We believe that Dr. Brickman has also made derogatory remarks about Dr. Muniz which would create a presumption that he has some bias against Dr. Muniz.

2. Dr. Muniz also objects to Dr. Anthony Toomer. Section 7.B.5 of the Medical Staff Bylaws provides that "[t]he Hearing Panel shall be composed of members of the Medical Staff **who did not actively participate in the matter at any previous level.**" Dr. Toomer was the radiologist in charge of the ultrasound on the patient in question, chart # 227589. Dr. Toomer was actively involved in the underlying case, and thus has a conflict that should prevent him from serving on the Hearing Panel.

3. Dr. Muniz requests that these Panel Members be replaced by independent OB/GYNs who may provide the specialty expertise necessary in hearing this case.

1310 Gadsden Street PO Box 11449 Columbia, SC 29211
Phone 803 929.1400 Fax 803 929.0300 soweligray.com

4. Please provide/produce all financial ties that any member of the Hearing Panel may have with the hospital, including but not limited to contracts, salaries, stipends, referral fees, allowances, and subsidies.

5. Pending the results of the financial information requested in paragraph 3 above, Dr. Muniz reserves the right to object to any member of the Hearing Panel should a significant financial tie to the hospital present itself which would create a conflict of interest.

6. Please provide/produce any references in the last three years to Dr. Muniz in the minutes of the Medical Peer Review Committee or the minutes of the Medical Staff Executive Committee.

7. Please provide/produce any handwritten notes or other notes taken with respect to the Medical Staff Executive Committee recommendation referenced in your Notice of Hearing letter and providing the names of the person or persons responsible for taking and transcribing the Minutes of the Medical Staff Executive Committee regarding the recommendation referenced in your letter.

8. Please provide/produce all documents which support the allegation that Dr. Muniz provided "inappropriate medication" to the patient in question, chart # 227589.

9. Please provide/produce all of the documents you list in your Notice of Hearing letter under "List of all documentary evidence and charts."

10. Please provide/produce all external reviews relied on by the hospital and the MEC, including but not limited to the reviews of Thomas Rowland, M.D., Shahab Minassian, M.D., and Robert Williams, M.D.

11. Please provide/produce any other documents relied upon by the Medical Staff Executive Committee in forming or making its recommendation.

12. Please provide/produce all expert reports relied on by the Medical Staff Executive Committee in forming or making its recommendation.

13. Dr. Muniz strongly objects to the inclusion of or reference to charts # 248664, 156314, 262263, 86412, and 70485. These issues have already been resolved by a previous Hearing Panel who found that these cases provided insufficient evidence to terminate Dr.

Muniz's privileges. To attempt to try Dr. Muniz on these same cases for a second time is highly prejudicial and patently unfair. This Hearing should be limited to only the review of chart # 227589, and not the previous cases.

14. Additionally, Dr. Muniz objects to the use of the prior peer review proceeding in which the Board of Governors required that Dr. Muniz submit to an evaluation and treatment if needed by a physician with expertise in identifying and treating disruptive physicians. Dr. Muniz submitted to such an evaluation, and was cleared of all allegations that she was either a disruptive physician or had personality or behavioral disorders. To include allegations in the current proceeding which have clearly been proven false, would serve only to create a bias against Dr. Muniz. These issues have been resolved, and have no bearing on the Hearing at hand.

15. We request that the time for providing Dr. Muniz's witness list be confirmed as May 31, 2010, which is 15 days before the Hearing date. Reserving her rights, please find Dr. Muniz's preliminary witness list below. Dr. Muniz reserves the rights to amend, modify, add, or delete items on this list.

    a. Dr. Margo Muniz, M.D., is expected to testify about chart # 227589 and the Medical Peer Review and Medical Staff Executive Committees' recommendation to terminate her privileges;

    b. Dr. Alexander R. Smythe, II, M.D., is expected to testify about chart # 227589;

    c. Dr. Stephen H. Cruickshank, M.D., M.B.A., is expected to testify, orally or in writing, about chart # 227589, and about the general skill, medical expertise, and surgical competency of Dr. Muniz;

    d. Dr. Janet D. Larson, M.D., is expected to testify about chart # 227589, and about the general skill, medical expertise, and surgical competency of Dr. Muniz;

    e. Dr. Gasnel Bryan, M.D., is expected to testify about chart # 227589, and about the general skill, medical expertise, and surgical competency of Dr. Muniz;

    f. Joanne Futrell, is expected to testify about chart # 227589;

    g. Dr. Denyse Parnell, M.D., is expected to testify about chart # 227589;

h. Dr. Anthony Toomer, M.D., is expected to testify about chart # 227589;

i. Lois El, is expected to testify about chart # 227589;

j. Dr. Trent Trzpuc, M.D., is expected to testify about chart # 227589.

This letter is written without prejudice to our rights to challenge the Hearing Panel members, witnesses, evidence, Medical Staff Bylaws and/or the procedures for a hearing, and therefore, we do not intend to waive any rights at law or in equity against the Hospital, its agents or employees, or anyone else.

Thank you. I would appreciate a prompt response.

Very truly yours,

Thomwell F. Sowell

TFS:lam
cc: Ernest Nauful, Esquire
Celeste T. Jones, Esquire

Aiken Regional
MEDICAL CENTERS
www.aikenregional.com

May 19, 2010

Thomwell F. Sowell, Esquire
Sowell Gray Stepp & Laffitte, LLC
Post Office Box 11449
Columbia, SC 29211

Re: Dr. Muniz: Fair Hearing

Dear Mr. Sowell:

I have received your letter of May 12, 2010 and will respond to your requests in the order in which they are presented in your numbered paragraphs.

1. Dr. Brickman does not currently have an agreement pursuant to which he is being paid by the hospital, and is not disqualified from serving. See Article 7.B.5.(a)(i). Nevertheless, to alleviate your objection he will be replaced.

2. Dr. Toomer was appointed without it being known that he was involved in the underlying patient case. He will be replaced.

3. Please be advised that Dr. Zotovic has resigned and will not serve. Replacements of Dr. Zotovic, Dr. Toomer and Dr. Brickman will be made in accordance with Article 7.B.5.

4. The hearing panel members were selected in accordance with Article 7 (Hearing and Appeal Procedures) of the Hospital's Credentialing Policy. To the best of my knowledge, none of the hearing panel members are in direct economic competition with your client. This is not a trial, however. For instance, the hearing is not conducted according to the rules of evidence. See, Article 7.C.6. Further, the individual shall have no right to discovery beyond the information identified elsewhere in the Article. See, Article 7.C.1.(b). Accordingly, your request is respectfully denied.

5. No response requested or necessary.

6. The requested documents have been or will be provided at or before the prehearing conference.

7. Respectfully denied. See Article 7.C.1.(b).

8. The requested documents will be provided at or before the prehearing conference.

9. Dr. Muniz is believed to possess already copies of the items listed in the first 8 bullets of paragraph 5 of the Notice of Hearing letter. The remaining documents will be provided at or before the prehearing conference.

10. The requested documents will be provided at or before the prehearing conference.

11. The requested documents will be provided at or before the prehearing conference.

12. See responses to paragraphs 8, 10 and 11.

13. Please see paragraph 2 (a) and (b) of the Report of the Hearing Panel. Please see also Article 7.C.1 (c) and (d), 7.C.2 and 7.C.6 of the Credentialing Policy. Issues concerning admissibility of evidence will be determined by the Presiding Officer, Mr. Nauful. See Article 7.B.5 (b).

14. Please see paragraph 2 (a) and (b) of the Report of the Hearing Panel. Please see Article 7.C.1 (c) and (d), 7.C.2 and 7.C.6 of the Credentialing Policy. Issues concerning admissibility of evidence will be determined by the Presiding Officer, Mr. Nauful. See Article 7.B.5 (b).

15. Please see Section 7.B.4 of the Credentialing Policy, pursuant to which I will defer this query to Mr. Nauful.

We will arrange for replacement members of the Hearing Panel as soon as possible, and notify you accordingly of the new Hearing Panel members and any scheduling changes.

Sincerely,

Carlos A. Milanes
Chief Executive Officer

Cc: Ernest Nauful, Esquire, Presiding Officer
Francis DiBona, M.D.
Celeste T. Jones, Esquire

Aiken Regional
MEDICAL CENTERS
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June 7, 2010

Margo Muniz, M.D.
410 University Parkway, Suite 2300
Aiken, South Carolina 29801

Re: Notice of Hearing

Dear Doctor Muniz:

This letter supplements and amends the previous notice delivered to you on May 3, 2010. Please be advised that the hearing has been re-scheduled for Monday, June 28 and Tuesday, June 29, 2010, beginning at 4:00 pm in the Board Room at ARMC.

The Hearing Panel Members will be:

Alyssa Degnan, DO – Internal Medicine
Robert Searles, DO – Internal Medicine RAS
Jill Buchanan, MD – General Surgery
Timothy Kinsey, MD – Pediatrics
Christopher Robinson, MD – Maternal/Fetal Medicine

Ernest Nauful, Esquire - Presiding Officer

Sincerely,

Carlos A. Milanes
Chief Executive Officer

cc: Ernest Nauful, Esquire, Presiding Officer
Francis DiBona, M.D., Chief of Staff
Thornwell F. Sowell, Esquire
Celeste T. Jones, Esquire

SCORING

Standard of Care

1 **Good quality of care**-Appropriate, no issue with the physician care
2 **Documentation deficiencies**
   a. No issue with physician documentation
   b. Does not substantiate clinical course, treatment and plan of care
   c. Not timely to communicate with other care givers
   d. Unreadable
   e. Other
3 **Care varied from best practice**
   Controversial-no major issues, varies from best practice
4 **Care varied from best practice-no patient harm**
   Controversial-care varied from best practice: no patient harm
(5) **Care varied from best practice**
   Controversial-care varied from best practice: could harm patient
6 **Care varied from best practice – did harm patient**
   a. Minor adverse outcome (complex recovery expected)
   b. Major adverse outcome (complex recovery expected)
   c. Catastrophic adverse outcome (death)

Disposition/Recommendation

1 Send letter
2 Refer to committee
(3 Refer to MEC)
4 Refer to External Peer Review
5 Other recommendation
6 Trend
7 No action required

Pt. had a chronic abruptio placenta without classic hx + Dx findings. No variability on fetal monitor strip (or minimal variability) plus a 5' min deceleration of FHT with simply changing pt's position indicates possible fetal distress. Prolonged delay in getting to O.R may have contributed to stillbirth. However appearance of placenta and pathology of placenta indicate possible long term chronic abruptio with acute change in hospital. Earlier delivery might have produced a live newborn with chronic hypoxic brain damage.

Steven C. Faulkner, MD

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MEDICAL PEER REVIEW
DO NOT PHOTOCOPY

Addendum A

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MEDICAL PEER REVIEW
DO NOT PHOTOCOPY

Patient 6

MR# 227589
AL # 10863817

March 15, 2010

Summary of Labor -1-
3/25-26/25
(2 hrs)

Patient 6

- G1 @ 30 5/7 wks No data on initial prenatal record
Married W/F age 28 pregnant by IVF 8/9/09.
Past Hx - LEEP - 2002 for pre-malignant changes in cervix
- IVF - 9/2008 and 8/9/09
- Denies hx of use of tobacco, alcohol + illicit drugs since LMP
- no hx of Venereal disease

Pt exam - on 1st prenatal visit - Uterus 12 wks size
Prenatal record of visit during pregnancy ~~not~~ included.
* 2/9/10 at 25 5/7 weeks BP 142/94 wt. 187 (20 lbs wt gain during preg. to 25 wks
at 29 4/7 weeks BP 142/100 c 4 lbs wt gain in one week. = Pre Eclampsia - had back pain
2/18/10 BP 130/88 - instructed to stop work

2/23/10 - admitted to hospital - at 11:55 AM c severe abdominal pain since 8 AM, Had pain in lower abdomen off + on for previous week.
B.P. on admission: 139/98
Pt. was visiting from Spartanburg when admitted to Aiken Hospital.

2/23/10 from nursing notes:
11:55 Am Pt admitted to "NST 2" (? labor room). no hx leaking or loss of fluid BP 138/93 FHT 113 BPM
LR solution started IV
12:15. Had prolonged deceleration of fetal rate. Monitor when attached at 11:56 am shows poor BTB variability - almost straight line

2/23/10 11:52 - nurse noted poor variability and at 12:15 Monitor. had long deceleration down to 60 BPM lasted about 5 min. Pt turned on left side Page 3 of monitor strip then to Rt side + O2 started - occurred while nurse starting IV -

12:16 attempting to call Dr Mumig.

12:19 ~~Cervix~~ Vaginal exam cervix 0/0 - fetus station -3

12:28 - Contacted Dr Mumig by telephone, reported condition of Pt and asked Dr. to come in and assess pt.

12:22 RNC Jessica Ford notified staff (anesthesia, nursery, ~~nursery~~, & scrub tech of possible C/S.

12:23 Variability on strep. & manual - but returned to ~ 150 BPM. having freq (q 1 min) mild contractions.

12:30 Uterus contracting almost continuously minimal BTB variability at about 130 BPM

page 6 of monitor strip 12:37 - Continue to have poor variability - uterine contractions poor but a little more regular & several small accelerations & contractions

12:48 - 1 minute deceleration from baseline of 130 BPM to 90-100 BPM 2 deceleration during C/S Page 7 of monitor strip Heart Rate continued at 130-140 BPM - almost no BTB Variability for remaining labor until C/S Prolonged deceleration at 1458 just before monitor Removed for C/S

Nursing notes

12:16 - Called Dr Muniz

12:18 Contacted Dr. Muniz and ask him to come assess pt.

12:27 Dr. Muniz at bed side. - Pt reported that baby had not moved today.

12:30 nurse noted 20-30 second contractions of poor quality & soft uterus in between contractions

12:50 Decelerations noted by nurse - minimal BTB Variability.

12:36 Dr. Muniz ordered Terbutaline to stop contractions

12:45 Contractions 1+ x 20-40 sec.

12:46 Radiology present to do u/s

12:54 Radiology at bed side.

13:02 Dr Muniz - reported to nurse she was planning to R/O abruption of placenta

13:04 Radiology finished u/s

13:21 - Dr Muniz reported abruption on u/s - nurse reported no variability Dr Muniz plans to transfer pt to pt. pref Univ. Hospital (? hospital) Nurse ask Dr. Muniz to discuss risk/benefit of transfer.

1340: Dr. Muniz consulted with pediatrician ???
Called for urgent c/s (1 hr 18 min after nurse called for emergency c/s team.

1357 - To Delivery Room (O.R.)

14:11 - Artificial Rup membranes ?? - clear fluid

Term nursing notes: -4-

12/23/10 - 14:11 Delivery of baby c̄ minimal brainstem type movements
Apgar 0 improved to Apgar 1 for color
with positive pressure O2

Drs Progress notes:

2/23/10 12:40 Dr. Acknowledged pts back pain + cramping for 1 day c̄ more severe pain since 5 AM day of admission at 11:55 AM. - Reported soft uterus, ↓ variability of Fetal heart on monitor ∴ cx 1 cm? ↑ ...
ordered Terbutaline with plans to repeat it tomorrow.
This was 25 min after nurse ordered arrangement for immediate C/S after seeing no variability on FH tracing and a 5 min deceleration.

2/23/10 13:35 Dr Muniz called cardiologist reported ? abruptio placenta. Noted ↑ pain ↓ variability on monitor strip. and considered transport by van. Then decided on immediate c/s.

14:12 Dr Muniz reported abruptio placenta 90% that appeared chronic - + dx'd chronic fetal anoxia.

1405 - Pediatricians resuscitation notes - intubated c̄ ↑ color given epinephrine 15:3 Resuscitation dis continued

Path Report - Consistent c̄ abruptio placenta - Couvelaire uterus ? Some chronic changes

My opinion after review of records (I was not present during any of this pts hospitalization.

2/23/10

30yo w/F G1 by IVF admitted at 30 5/7 weeks Gestation with severe low abdominal pain after about 24 hrs of low back pain and some cramps. Admitted 11:55 On admission RRC noted very poor Fetal Heart Variability on ext. monitor with good FHR 140-150. At 12:15 pt had severe 5 min FHR deceleration and FHR returned to 130-140 range c increasing decreased Variability. I believe I would have forgone the delay for radiology and would have made a clinical diagnosis of fetal distress with probable abruptio placenta (even though there was no bleeding and only uterine tenderness & tetany.) because of fetal distress. I would probably have done the C/S at 12:30 pm with pediatricians standing by.

I will admit this fetus showed signs of fetal distress (by paper) from admission and C/S 1½ hrs earlier may well have produced a severely brain damaged baby instead of a 5/11 born. Which is better? Another consideration was that this pregnancy was the result of a second IVF procedure and could well have been her last chance to have a child (speculation.

Thomas C Rowland Jr

Nursing Notes

Display Time	User	Description
2/23/10 11:55:58	Ford, Jessica RNC	Patient admitted to 'NST 2'
2/23/10 11:56:42	Angelos, Bridget RN	Remarks: Pt G1 P0 30/5 ambulatory to ld with c/o lower abd pain and decreased fm. pt rates pain 8/10. pt denies any rom or bleeding. monitors applied. support person at bs
2/23/10 11:57:14		FM: FMP % start
2/23/10 12:03:11		Maternal blood pressure: 138 / 93 mmHg, Mean value: 108 mmHg
2/23/10 12:03:11		Maternal heart rate (NIBP): 113 BPM
2/23/10 12:07:14		FM: FMP 6%,(6%)
2/23/10 12:13:00	Hilton, Patricia RNC	Assessment: (IV Status: IV site clear and patent, IV started; IV Start: R hand, Attempted x 2, 20g). per B. Angelos
2/23/10 12:13:00	Hilton, Patricia RNC	LR: Started (999 mL/h, 1000 mL)
2/23/10 12:15:00	Hilton, Patricia RNC	Maternal temperature: 97.9°F
2/23/10 12:15:00	Hilton, Patricia RNC	Maternal respiration: 20 / min
2/23/10 12:15:00	Hilton, Patricia RNC	Decelerations: Prolonged Deceleration
2/23/10 12:15:00	Hilton, Patricia RNC	Baseline: 150 bpm in last 15 minutes
2/23/10 12:15:00	Hilton, Patricia RNC	Long term variability: Minimal Variability (NICHD)
2/23/10 12:15:00	Hilton, Patricia RNC	Remarks: Decel noted while B. angelos was starting iv. Pt turned to left side. fhr still down. Pt to right side. O2 started. Walked to desk and asked Dr. muniz to be contacted. Fetal heart rate up at1220.
2/23/10 12:16:48		Maternal SpO2: 98%
2/23/10 12:16:48		Maternal heart rate (SpO2): 70 BPM
2/23/10 12:16:00	Hilton, Patricia RNC	Oxygen (non-rebreather): Started (100 %)
2/23/10 12:16:03	Ford, Jessica RNC	Remarks: Attempting to contact Dr. Muniz
2/23/10 12:17:14		FM: FMP 16%,(11%)
2/23/10 12:18:45		Maternal blood pressure: 124 / 81 mmHg, Mean value: 96 mmHg
2/23/10 12:18:45		Maternal heart rate (NIBP): 93 BPM
2/23/10 12:19:00	Hilton, Patricia RNC	Fetal station: -3
2/23/10 12:19:00	Hilton, Patricia RNC	Cervical dilation: 0
2/23/10 12:19:00	Hilton, Patricia RNC	Cervical effacement: 0
2/23/10 12:19:00	Hilton, Patricia RNC	Remarks: vag exam per B. Angelos
2/23/10 12:19:20	Hilton, Patricia RNC	Remarks: ave
2/23/10 12:20:56		Maternal SpO2: 99%
2/23/10 12:20:56		Maternal heart rate (SpO2): 92 BPM
2/23/10 12:21:00	Ford, Jessica RNC	Remarks: Phone report to Dr. Muniz on patients arrival, gestational age and decel of FHR. I asked Dr. Muniz to come now to assess patient. Orders rec'd.
2/23/10 12:22:00	Ford, Jessica RNC	Remarks: Notified nursery, anesthesia, OB scrub tech of patient 30 weeks gestation with decel of FHR in anticipation of possible c-section.
2/23/10 12:26:03		Maternal SpO2: 99%
2/23/10 12:26:03		Maternal heart rate (SpO2): 98 BPM
2/23/10 12:27:14		FM: FMP 11%,(11%)
2/23/10 12:27:38	Hilton, Patricia RNC	Remarks: Dr. Muniz at bedside
2/23/10 12:29:18	Hilton, Patricia RNC	Remarks: Dr. Muniz palpating and assessing pain level. Pt reported to Dr. Muniz that baby had not moved today.
2/23/10 12:30:00	Hilton, Patricia RNC	Contraction duration: 20 - 40 seconds
2/23/10 12:30:00	Hilton, Patricia RNC	Contraction intensity: +1
2/23/10 12:30:00	Hilton, Patricia RNC	Contraction resting tone: palpates soft between uc
2/23/10 12:30:00	Hilton, Patricia RNC	Decelerations: Prolonged Deceleration
2/23/10 12:30:00	Hilton, Patricia RNC	Baseline: 135 bpm in last 15 minutes
2/23/10 12:30:00	Hilton, Patricia RNC	Long term variability: Minimal Variability (NICHD)
2/23/10 12:30:00	Hilton, Patricia RNC	Remarks: ctx occuring one after the other. Abdomen palpates soft, difficult to palpate ctx.
2/23/10 12:31:10		Maternal SpO2: 99%

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Display Time	User	Description
2/23/10 12:35:10		Maternal heart rate (SpO2): 86 BPM
2/23/10 12:38:00	Hilton, Patricia RNC	Brethine SC (SC): 0.25 mg
2/23/10 12:38:18		Maternal SpO2: 99%
2/23/10 12:38:18		Maternal heart rate (SpO2): 96 BPM
2/23/10 12:38:21	Hilton, Patricia RNC	Remarks: Dr. Muniz at bedside. Reviewed strip. Aware of ctx pattern and minimal variability. Ordered 0.25mg terbutaline sc. Validated POC to stop ctx with MD. MD ordered medication to be given. Given in left arm.
2/23/10 12:37:14		FM: FMP 11%,(11%)
2/23/10 12:41:25		Maternal SpO2: 99%
2/23/10 12:41:25		Maternal heart rate (SpO2): 89 BPM
2/23/10 12:45:00	Hilton, Patricia RNC	Contraction duration: 20 - 40 seconds
2/23/10 12:45:00	Hilton, Patricia RNC	Contraction intensity: +1
2/23/10 12:45:00	Hilton, Patricia RNC	Contraction resting tone: palpates soft between uc
2/23/10 12:45:00	Hilton, Patricia RNC	Baseline: 135 bpm in last 15 minutes
2/23/10 12:45:00	Hilton, Patricia RNC	Long term variability: Minimal Variability (NICHD)
2/23/10 12:46:07	Hilton, Patricia RNC	Remarks: radiology here
2/23/10 12:49:45	Hilton, Patricia RNC	Remarks: pt back on monitor awaiting radiology to get machine ready
2/23/10 12:51:17		FM: FMP % start
2/23/10 12:54:24	Hilton, Patricia RNC	Remarks: radiology at bedside
2/23/10 13:02:00	Ford, Jessica RNC	Remarks: Prior to Dr. Muniz leaving the unit I asked her what her plan was regarding this patient. She stated that she planned to r/o abruption.
2/23/10 13:04:45	Hilton, Patricia RNC	Remarks: radiology finished with u/s
2/23/10 13:05:00	Hilton, Patricia RNC	Maternal position: Right lateral
2/23/10 13:06:36		FM: FMP % start
2/23/10 13:14:04	Hilton, Patricia RNC	LR: Started (999 mL/h, 1000 mL)
2/23/10 13:16:38	Hilton, Patricia RNC	Remarks: Pt states she feels better. Pain has lessened.
2/23/10 13:18:36		FM: FMP 3%,(3%)
2/23/10 13:21:28	Ford, Jessica RNC	Remarks: Dr. Muniz called the unit with report that the patient has a partial abruption. Report given to Dr. Muniz on absent to minimal variability. Dr. Muniz stated that she plans to transfer the patient. The patient states she prefers to go to University. I asked Dr. Muniz to come discuss risk/benefit of transfer with patient.
2/23/10 13:28:36		FM: FMP 0%,(2%)
2/23/10 13:30:00	Hilton, Patricia RNC	Baseline: 135 bpm in last 15 minutes
2/23/10 13:30:00	Hilton, Patricia RNC	Long term variability: Absent Variability (NICHD)
2/23/10 13:30:00	Hilton, Patricia RNC	Long term variability: Minimal Variability (NICHD)
2/23/10 13:36:36		FM: FMP 2%,(2%)
2/23/10 13:40:40	Hilton, Patricia RNC	Remarks: dr muniz consulted with pediatrician and has called an urgent c/s and is awaiting pediatrician to call back after contacting neonatal transport team. Talking to pt and explaining plan of care. Aware of fetal monitor strip.
2/23/10 13:45:00	Hilton, Patricia RNC	Baseline: 140 bpm in last 15 minutes
2/23/10 13:45:00	Hilton, Patricia RNC	Long term variability: Absent Variability (NICHD)
2/23/10 13:46:36		FM: FMP 3%,(2%)
2/23/10 13:47:00	Hilton, Patricia RNC	Mefoxin 2gm (IV): Started (100 mL/h, 2 g, 50 mL)
2/23/10 13:51:00	Hilton, Patricia RNC	Oxygen (non-rebreather): Stopped
2/23/10 13:51:00	Hilton, Patricia RNC	Remarks: To OR
2/23/10 13:51:00	Hilton, Patricia RNC	Bicitra (PO): 30 mL
2/23/10 13:51:34	Hilton, Patricia RNC	Reglan/Metoclopramide IV (IV): 10 mg
2/23/10 13:51:44	Hilton, Patricia RNC	Pepcid/Famotidine (IV): 20 mg
2/23/10 14:11:00	Derrick, Minera RNC	Membranes ruptured artificially. Amniotic fluid clear.
2/23/10 14:11:00	Derrick, Minera RNC	Delivery of baby

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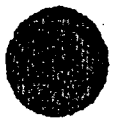
Display Time	User	Description
2/23/10 14:12:00	Dietrich, Adam RNC	Delivery of placenta
2/23/10 14:31:00	Hilton, Patricia RNC	Remarks: Pediatricians and Cathy Cole Chaplain speaking to family in chappel
2/23/10 17:07:51	Austin, Lindsay RN	Patient transferred from 'NST 2' to 'Chart'.



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AIKEN REGIONAL MEDICAL CENTERS — RADIOLOGICAL CONSULTATION

PT NAME:
ROOM #: 251-A
ACCT#: 108634837
DOB:
SEX: F
STUDY DATE: 02/23/10
STUDY: US OB SCAN LTD
STUDY:
STUDY:

VT: IP
XRAY#: 1015102
MEDREC#: 227589
REF PHYS: MARGO MUNIZ
PRI PHYS: MARGO MUNIZ

CPT#1: 76815
CPT#2:
CPT#3:

CONFIDENTIAL - IF NOT INTENDED FOR YOU, PLEASE CALL (803) 641-5060

OBSTETRIC ULTRASOUND

Indication: Back pain. Deceleration. Rule out preterm labor.

Technique: Limited obstetric ultrasound is performed to evaluate the placenta's integrity. No prior films are available for direct comparison.

Findings: There is an IUP in vertex lie with an EGA of 30 weeks 5 days by LMP. The heart rate is 136-138 beats per minute. The AFI is adequate at 15 cm. There is a hypoechoic, avascular area posterior to the placenta, which is suspicious for placental abruption for which clinical correlation and close interval follow-up are recommended.

Impression:

1. Suspicion for placental abruption for which clinical correlation and close interval follow-up are recommended.
2. The preliminary results of this study were called to Dr. Muniz immediately following the exam.

Dictated By:Anthony Toomer, M.D.
DID 45443

D:/T:ys/1884919 /Job ID 2087015 /DT:02/23/2010 15:26:13/TD:02/23/2010 16:36:38 /Rev: 02/23/2010 16:36:38
CC:

This document was electronically signed by Anthony Toomer, M.D. on 02/24/2010 17:43:26 .

PT NAME:

VARIABLE TEXT
PAGE # 1

AIKEN REGIONAL MEDICAL CENTER
302 University Parkway
Aiken S.C., 29802

DATE OF OPERATION: February 23, 2010.

SURGEON: MARGO MUNIZ, MD.

ASSISTANT: GASNEL BRYAN, MD.

PREOPERATIVE DIAGNOSES:
1. Abruption at 30 weeks'.
2. Pregnancy-induced hypertension.

POSTOPERATIVE DIAGNOSIS:
1. Abruption at 30 weeks'.
2. Pregnancy-induced hypertension.
3. Chronic abruption and Couvelairing of uterus.

PROCEDURE PERFORMED: Primary low transverse cesarean section.

ANESTHESIA: Spinal with Duramorph.

ESTIMATED BLOOD LOSS: Approximately 800 mL.

FINDINGS: Male infant appropriate size for dates, markedly Couvelaired uterus with anterior placenta. Upon entry into the cavity, there was bloody fluid. There was both fresh and old clot that appeared to be 80% to 90% abruption of the uterus and about 60% to 70% of the placenta was encompassed with old clot consistent with chronic abruption. The remainder appeared semi-acute likely occurred earlier this morning on the 08:00, when the patient first experienced the acute abdominal pain. Approximately 10% of the placenta was intact at the time of the placental extraction. The uterus and ovaries appeared within normal parameters, otherwise.

DESCRIPTION OF PROCEDURE: The risks, benefits, indications, and alternatives of the procedure were reviewed with the patient and appropriate informed consent was obtained. She was taken to the operating room with IV fluids running. She was given anesthesia. Once this was found to be adequate, she was positioned in the supine position with leftward tilt and she was prepped and draped. The toco was used until prep was started and there was no change in the fetal heart tones, which ran in the 140s. A Pfannenstiel skin incision was made and was carried down to the underlying layer of fascia. The fascia was scored and extended laterally. The fascial edges were elevated. The underlying rectus muscles were dissected free. The rectus was split in midline. The peritoneum was entered sharply. The bladder blade was placed. The peritoneum was identified and it was dissected with Metzenbaum scissors. The bladder blade was repositioned. The uterus was markedly Couvelaired. An incision was made and extended laterally with operator's fingers. The head was delivered atraumatically out over the uterotomy incision. The mouth and nose were bulb suctioned and the cord was clamped and cut, and handed off to awaiting pediatric team. The infant had some brainstem type activity upon removal. By this time he was placed on the warmer and a CPR resuscitation was started, Apgars essentially zero and zero. It is likely that the remaining portions of the placenta were what keeping the brainstem active and upon removal of the placenta and infant from the maternal abdomen was most likely the time of death. It appeared that the infant had been anoxic for quite some time according to the pediatric staff consistent with several days to up to a week. It had some deterioration and wrinkling of the skin. The uterus was cleared of all old calcified clots and debris. It was irrigated. It was boggy. A Cytotec was placed into the cavity. The uterus was prepared with a triple imbricated layer. The pelvis was copiously irrigated. The uterus was turned to the maternal abdomen and the gutters were cleared of all clot and debris. Hemostasis was assured. A small piece of Gelfoam was placed over the

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1:10-cv-00986-JFA Date Filed 06/25/12 Entry Number 262-4 Page 62 of 160

incision as the preeclamptic panel was pending and platelet status was unknown. Seprafilm was placed over the tubes for future fertility issues. The fascia was reapproximated with PDS suture. The subcutaneous tissues were irrigated and the dead space was closed. The skin was closed with 4-0 subcuticular stitch. The patient tolerated the procedure well. The sponge, lap, needle, and instrument counts reported as correct x2 at the end of the procedure and she was sent to the PACU in stable condition. The infant was final demise in the OR-likely long term anoxic brain injury.

MARGO MUNIZ, MD
DID 044941

Cc:

44941/6010016/ D: 02/23/2010 16:13:55, est/ T: 02/23/2010 19:22:31, est /
Job#: 2087551 / Voice ID: 1885115 / R: DocumentLastModifiedOn

PATIENT :
MR#: 227589
ACCT#: 108634817ADMIT DATE: 02/23/2010
DATE OF SURGERY : 02/23/2010
SURGEON : MARGO MUNIZ, MD
ROOM: 251

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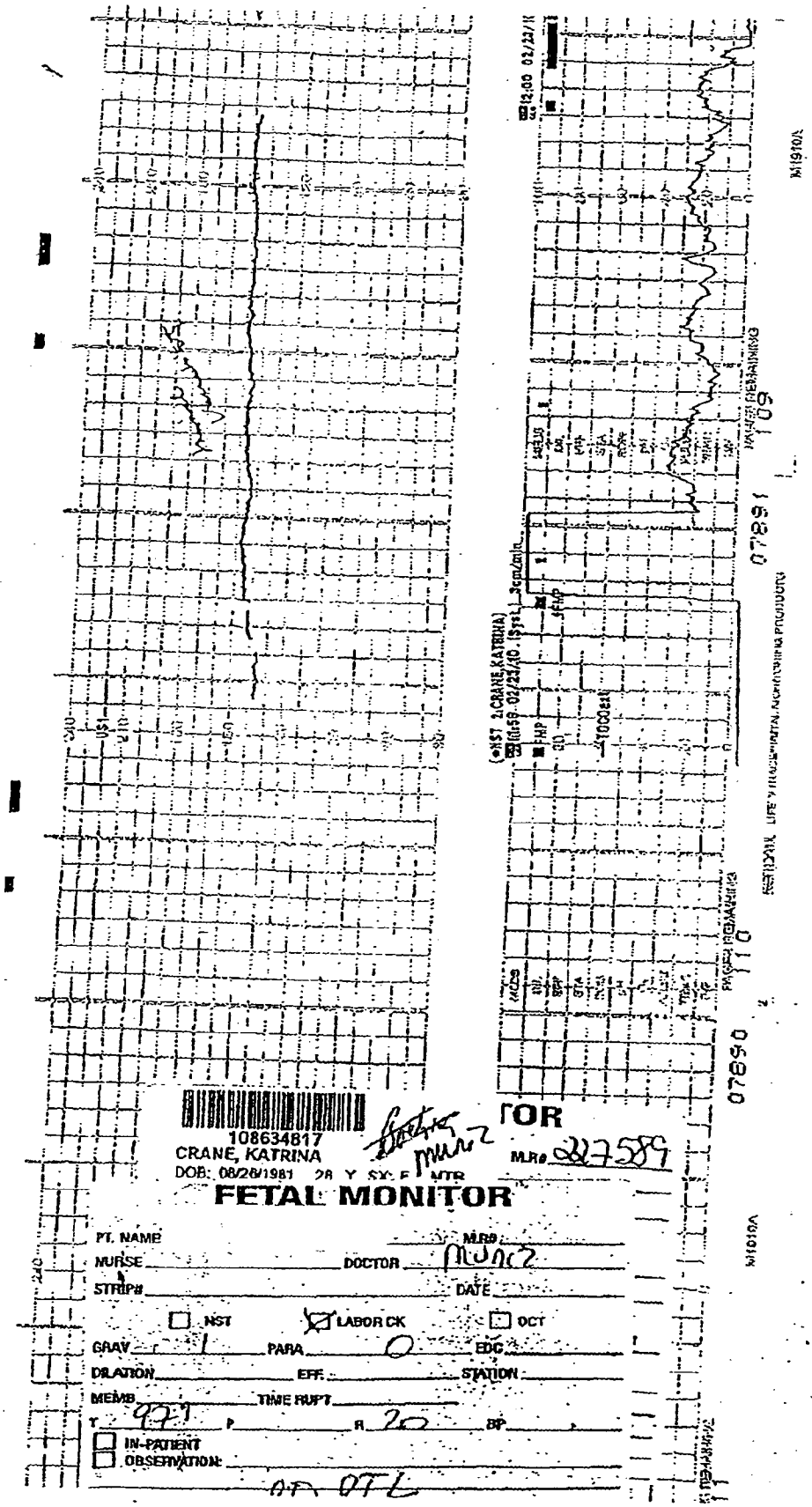

108634817
CRANE, KATRINA
DOB: 08/26/1981 28 Y SX: F MTR

MRN 227587

FOR

FETAL MONITOR

PT. NAME MRN:
NURSE DOCTOR MUNOZ
STRIP# DATE
☐ NST ☒ LABOR CK ☐ OCT
GRAV 1 PARA 0 EDC
DILATION EFF STATION
MEMB TIME RUPT
T 97.7 P R 20 BP
☐ IN-PATIENT
☐ OBSERVATION:

AP OTL

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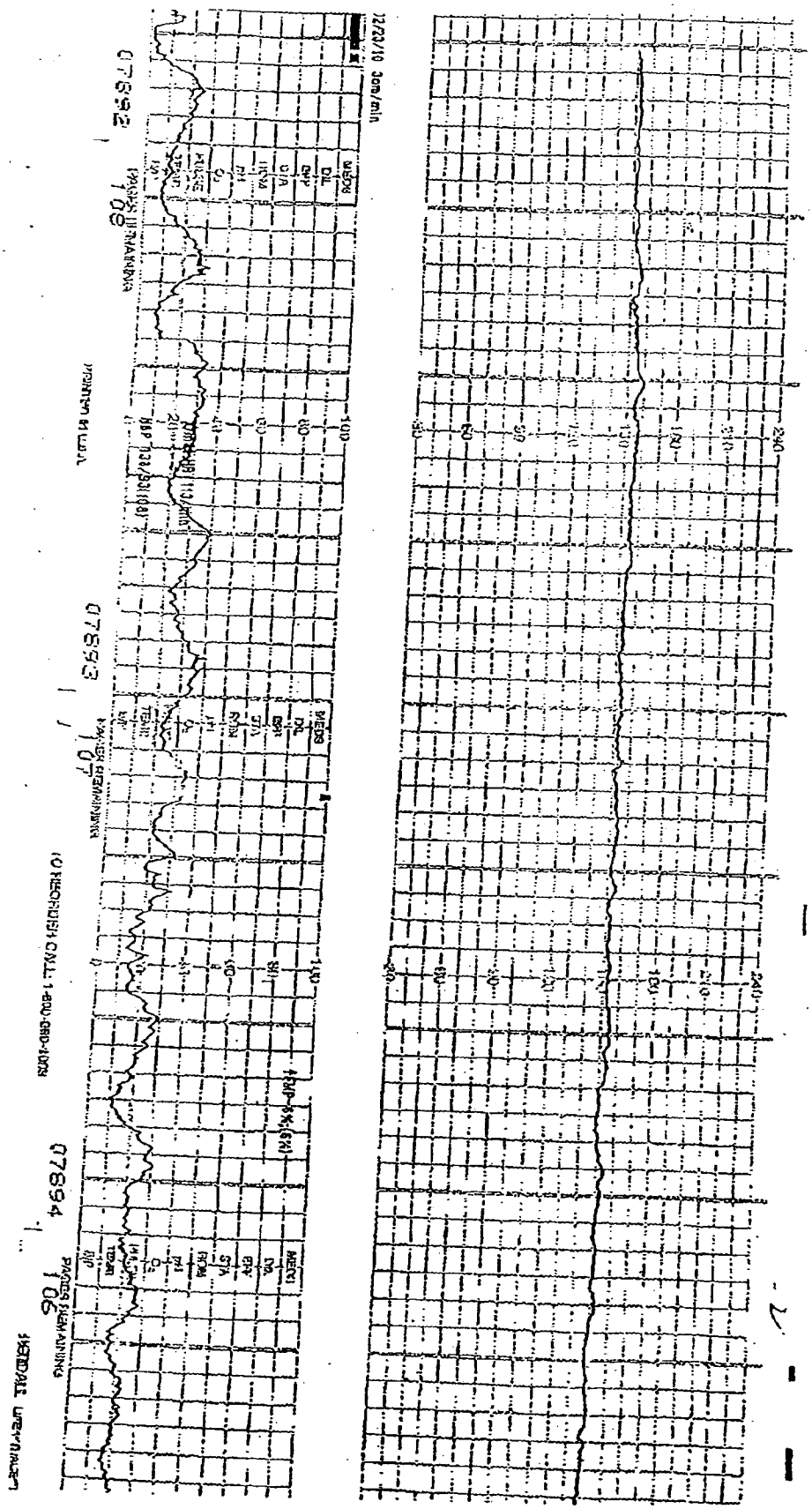

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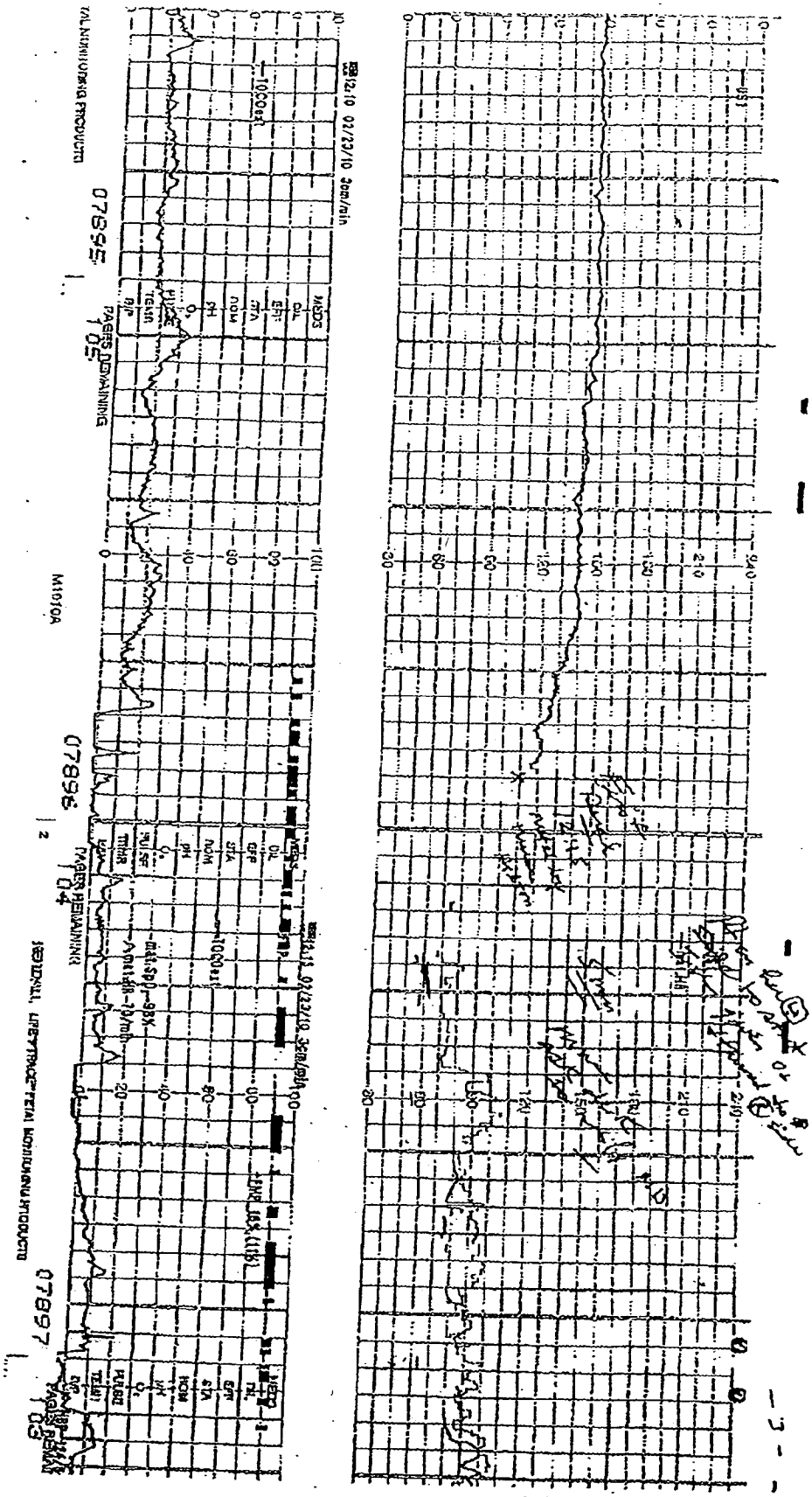

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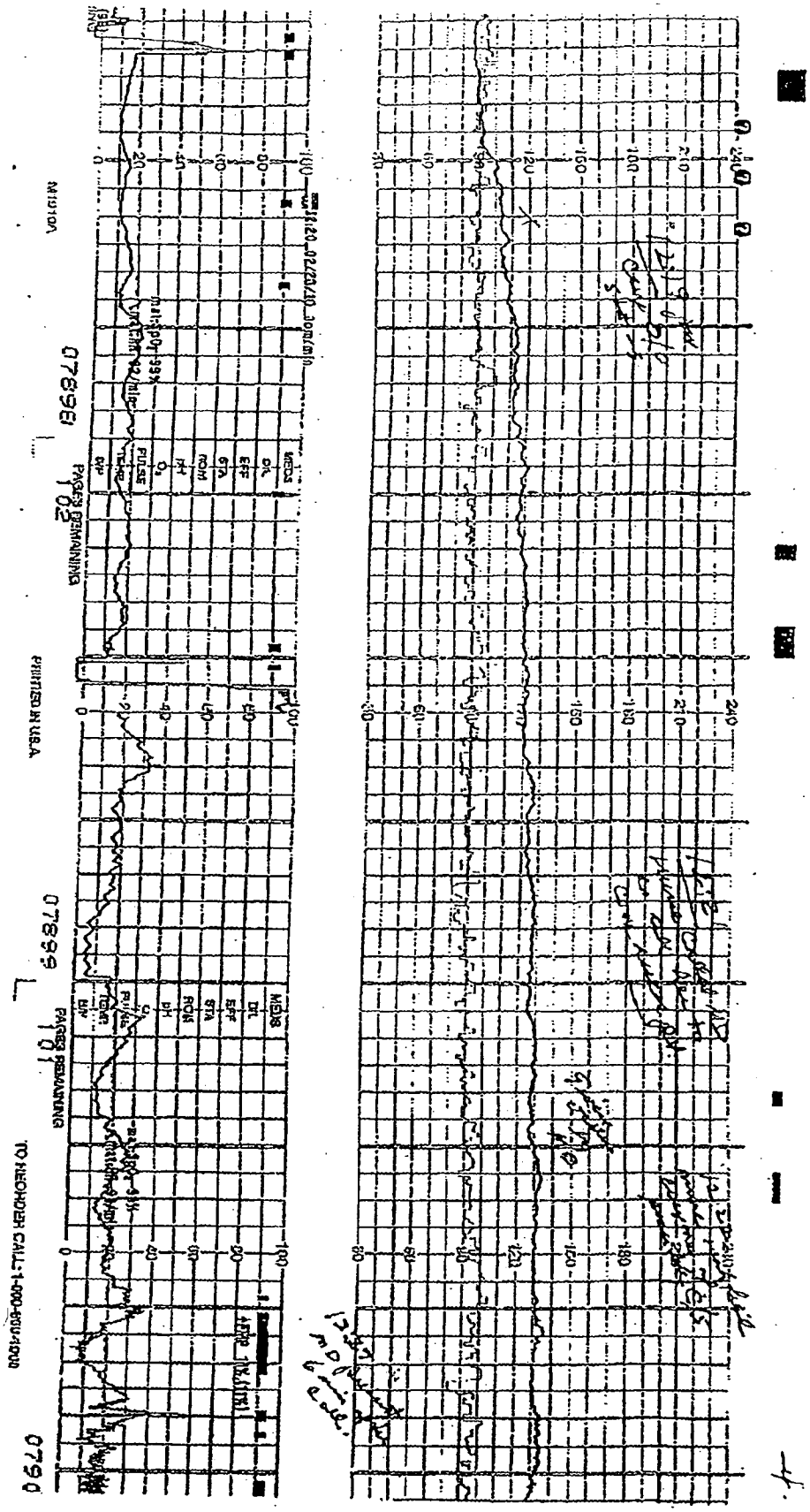

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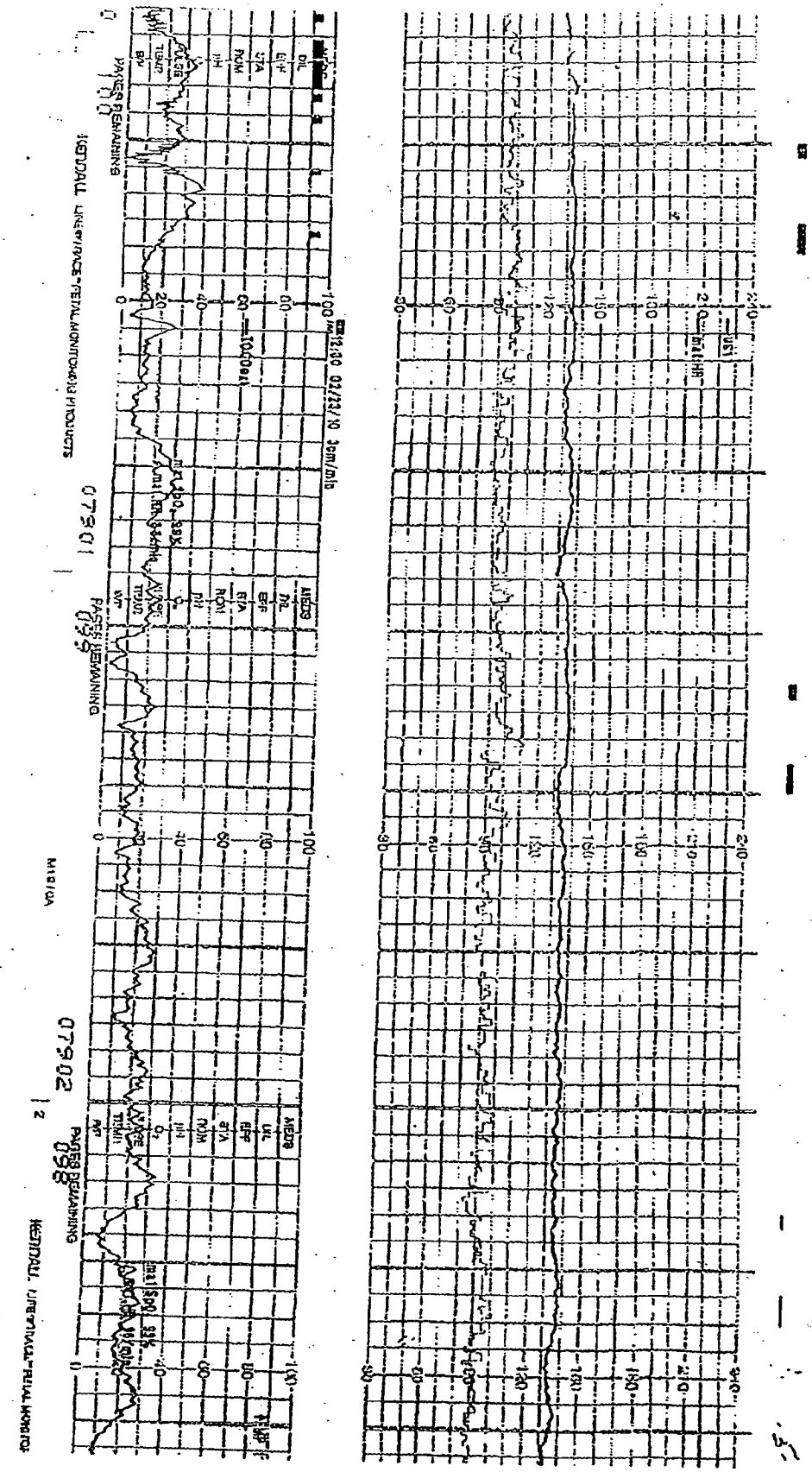

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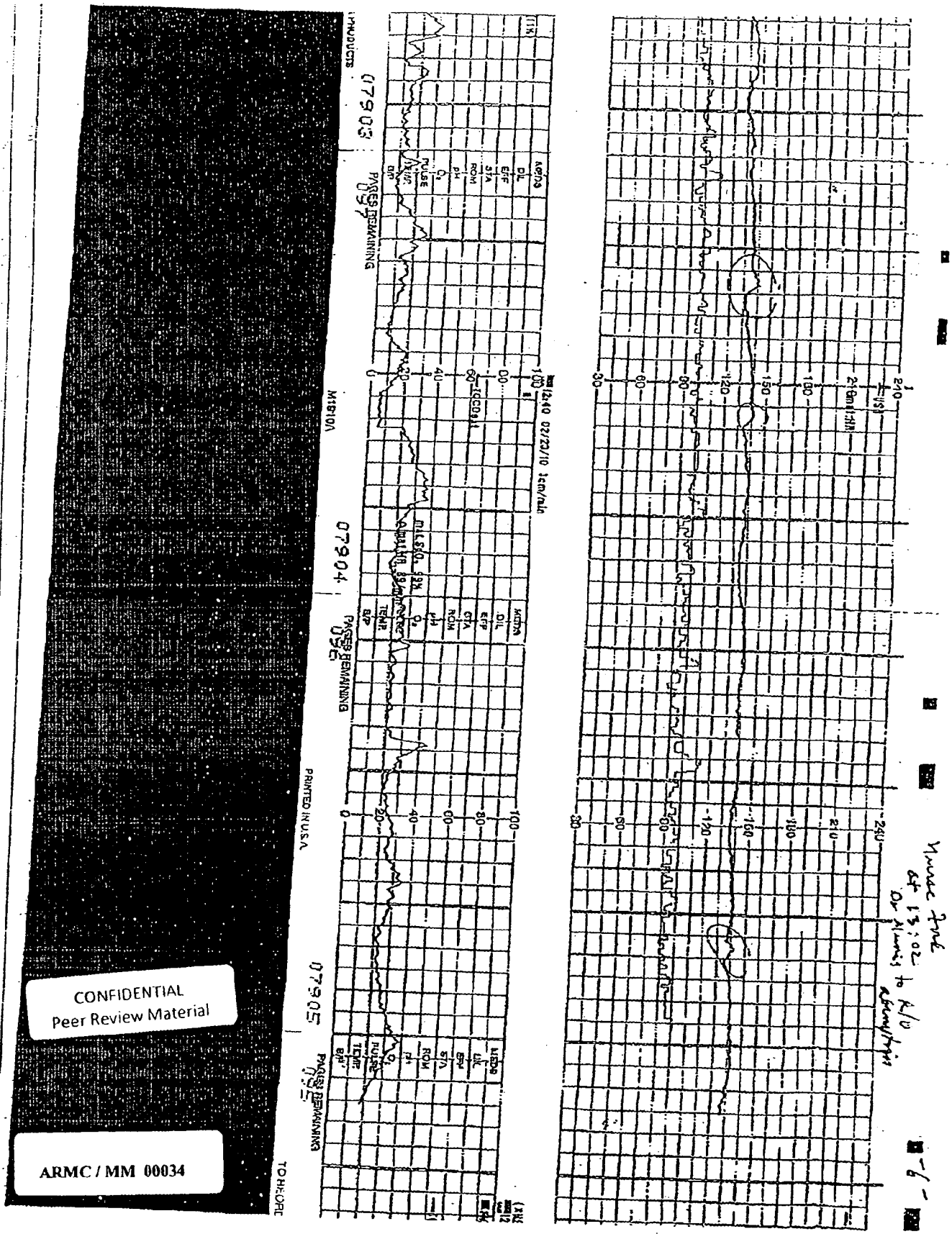
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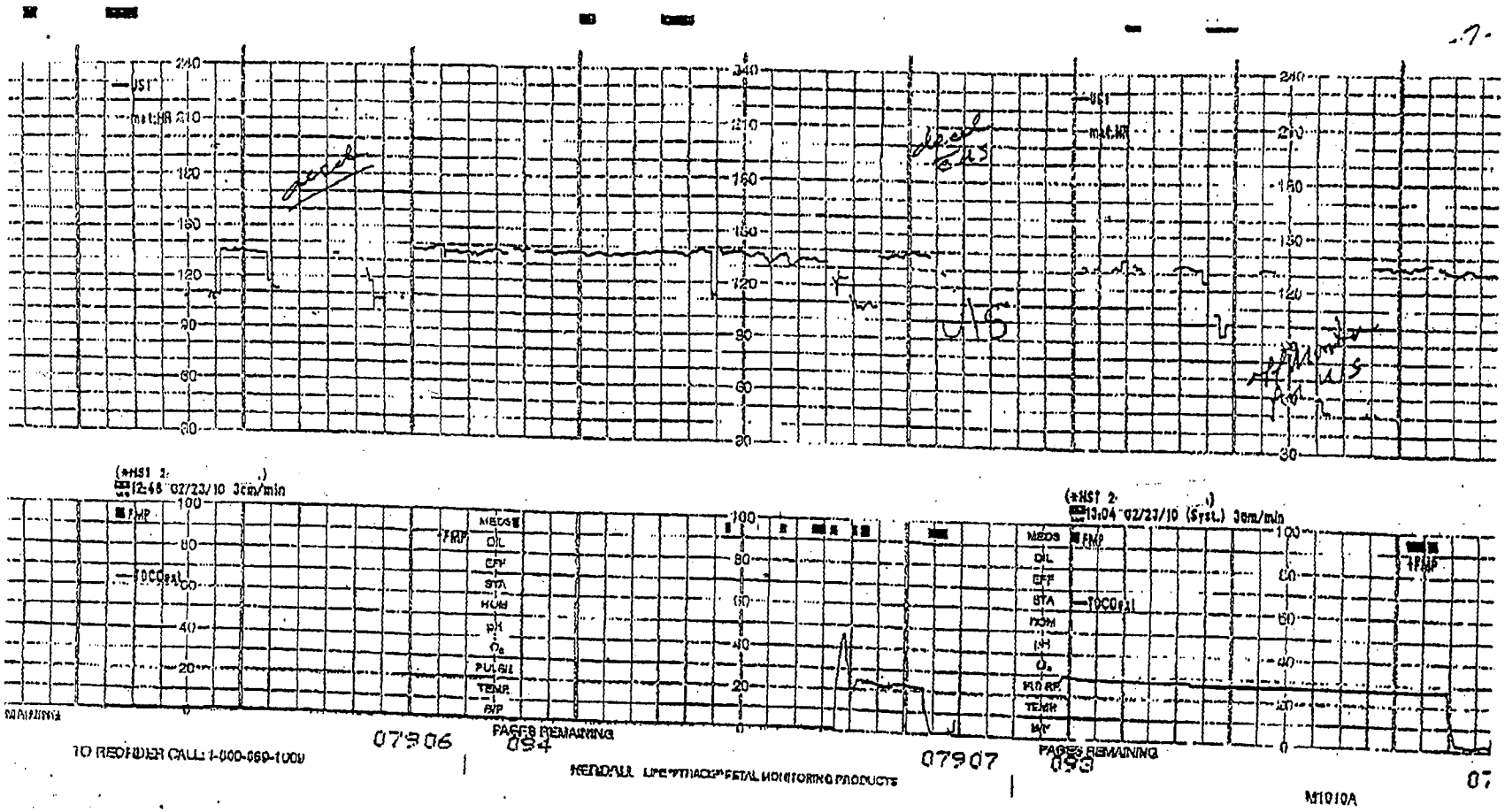

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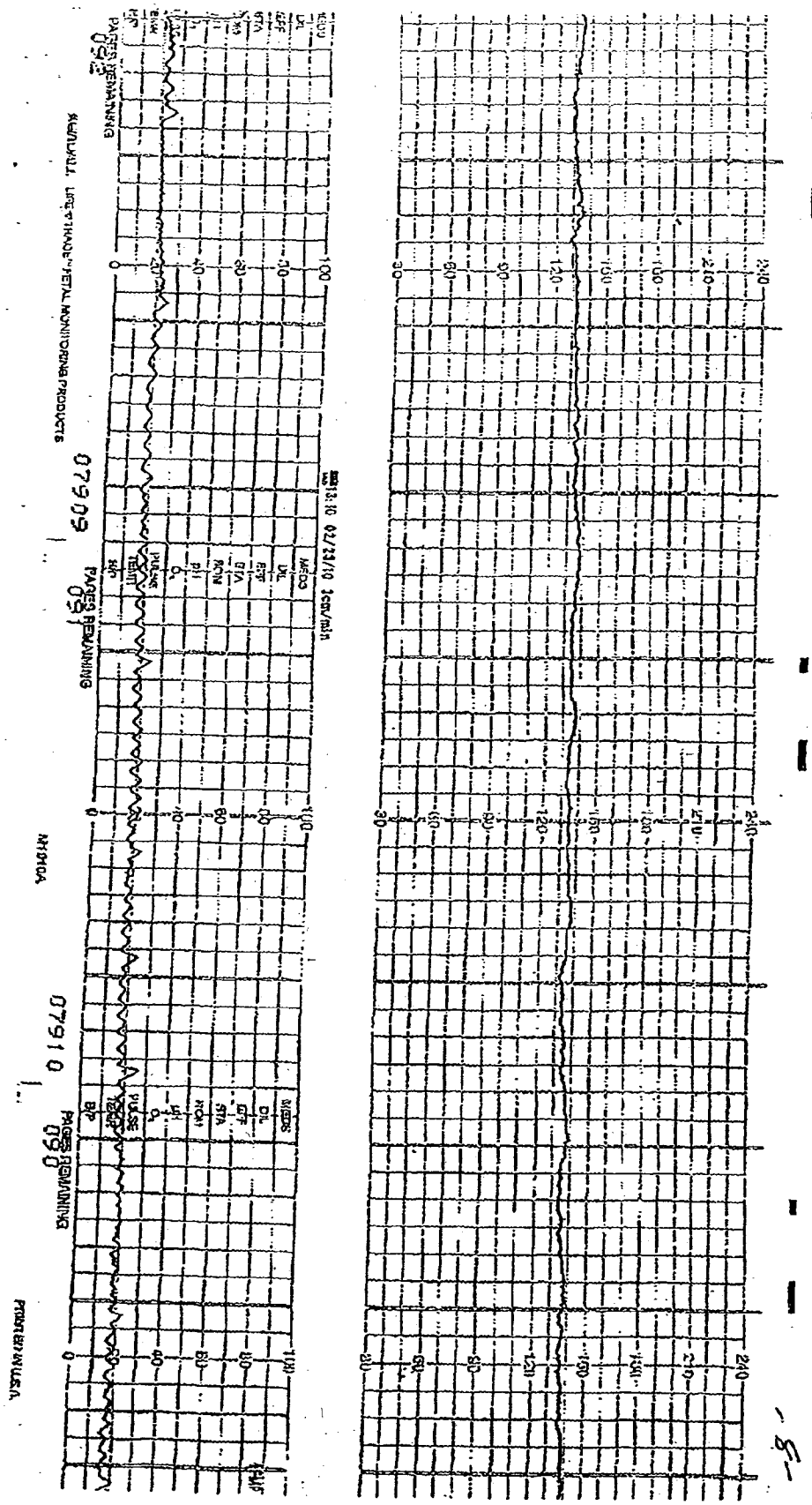

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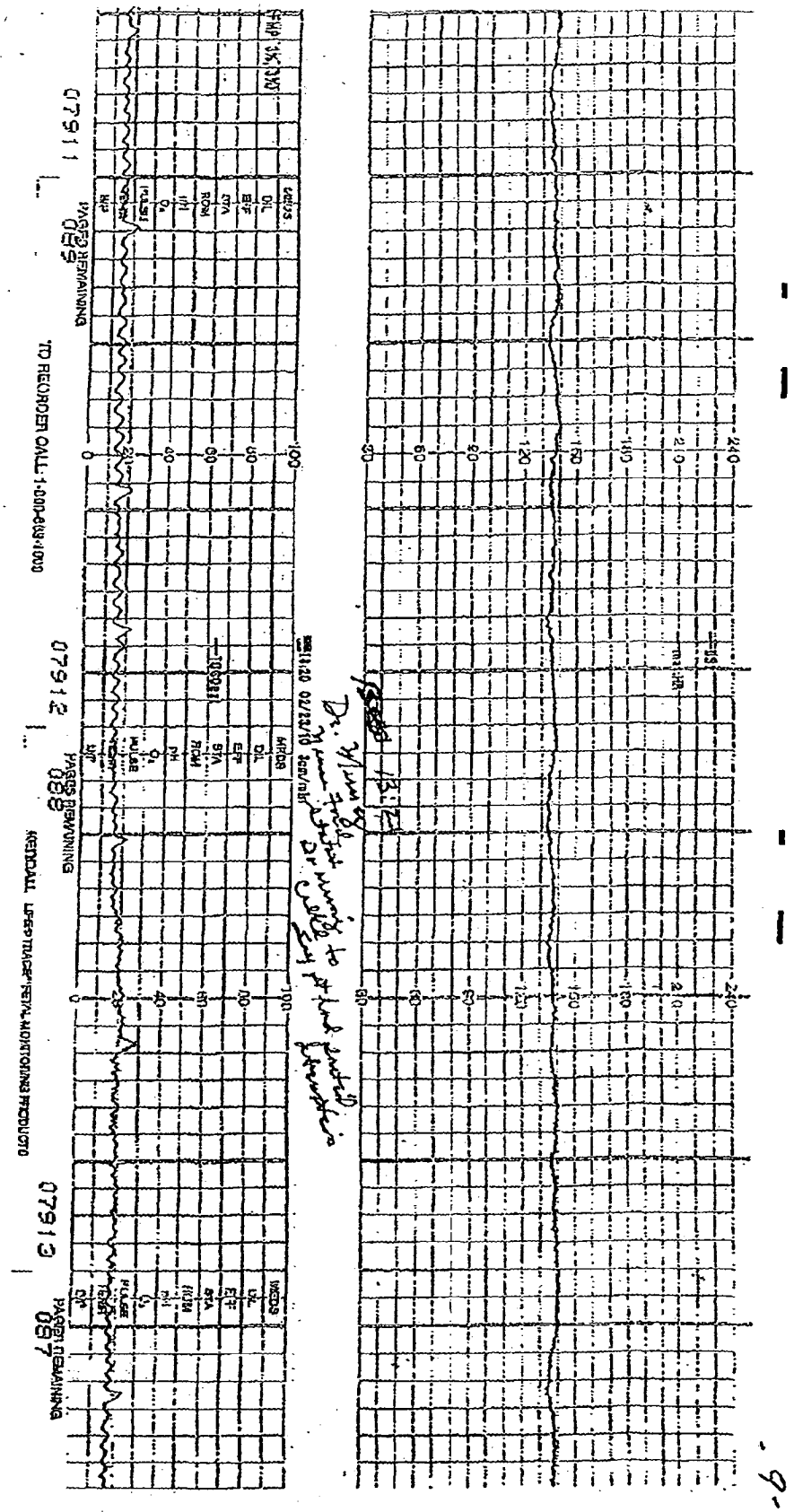

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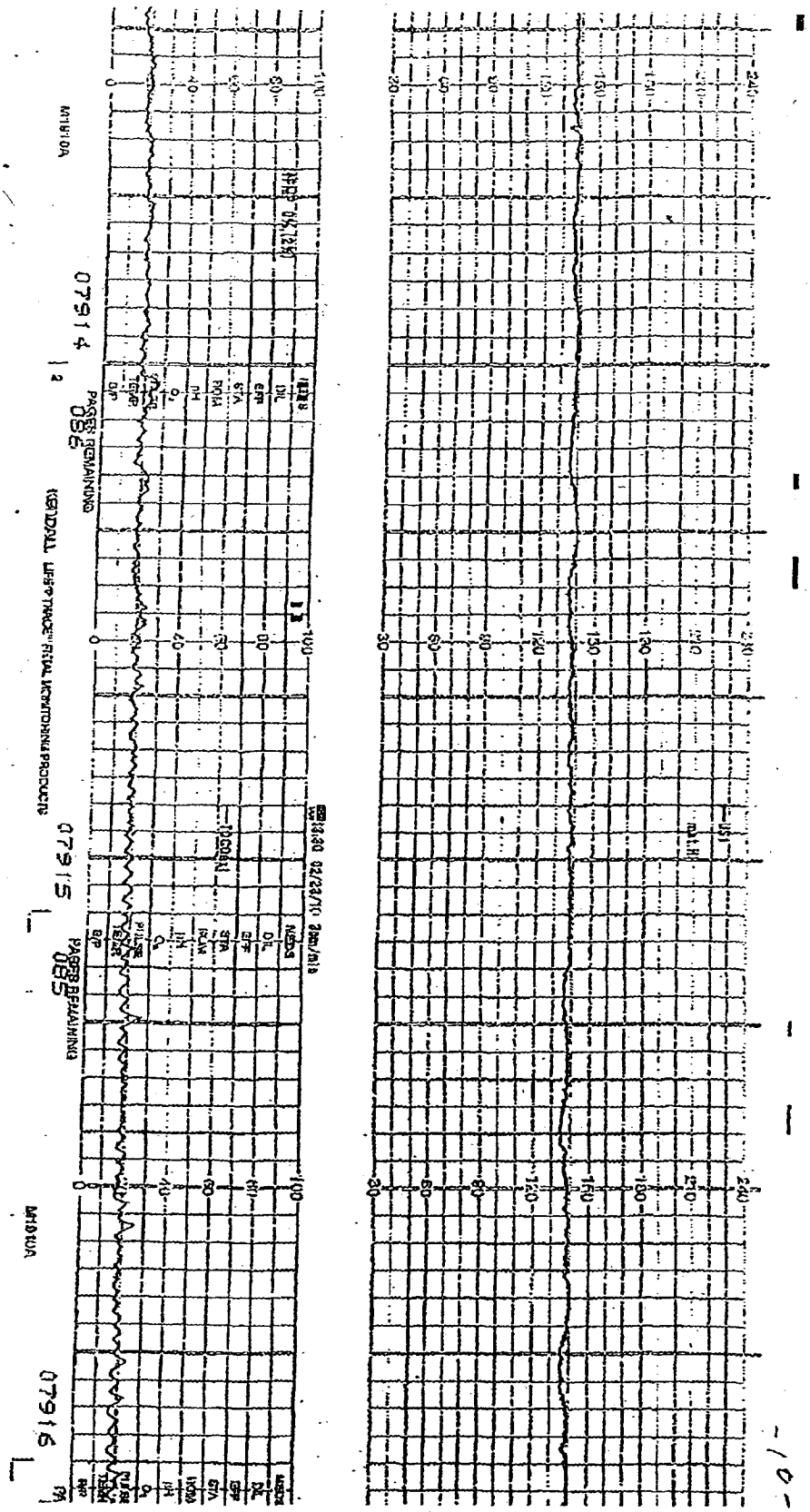

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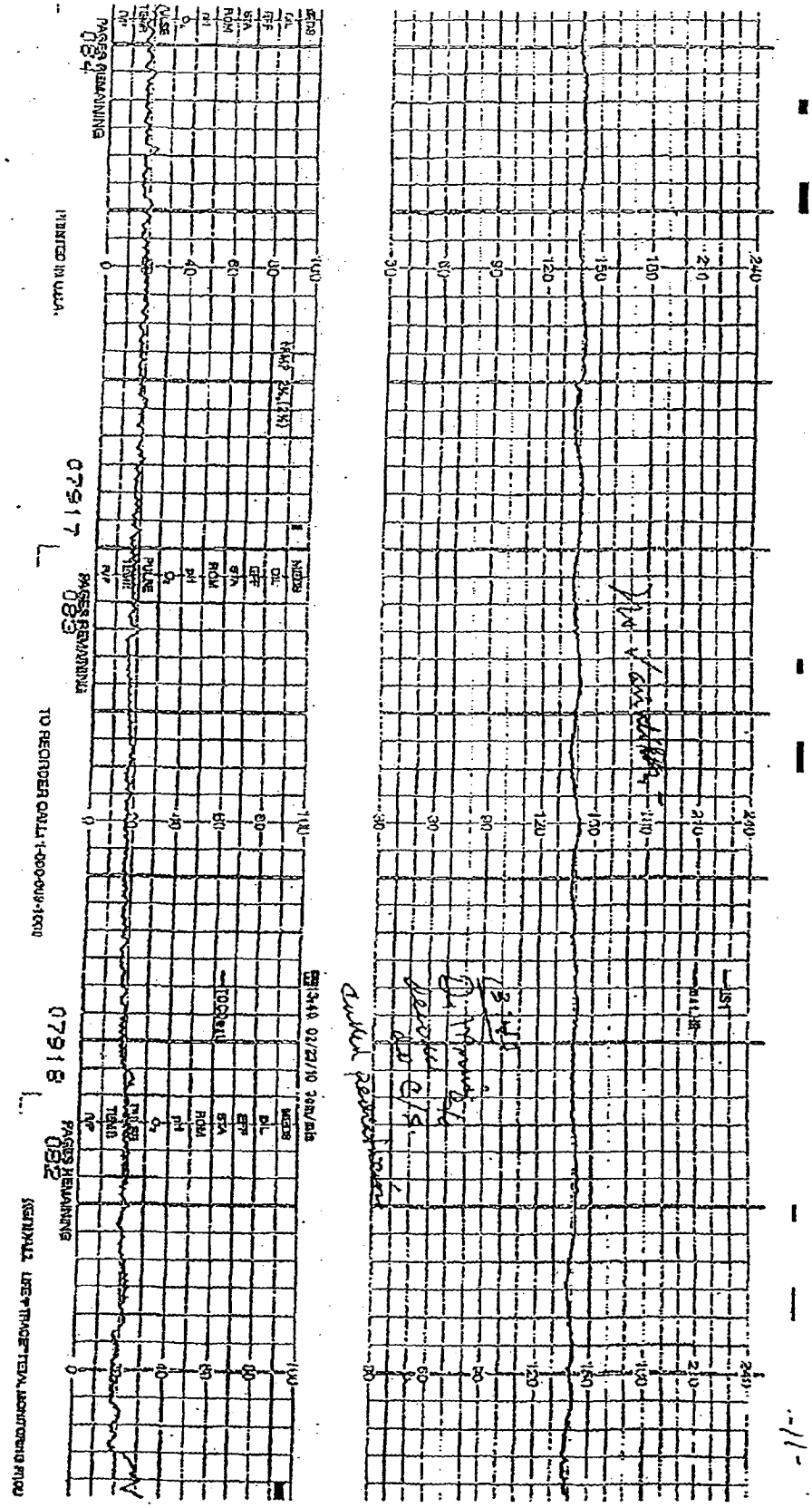

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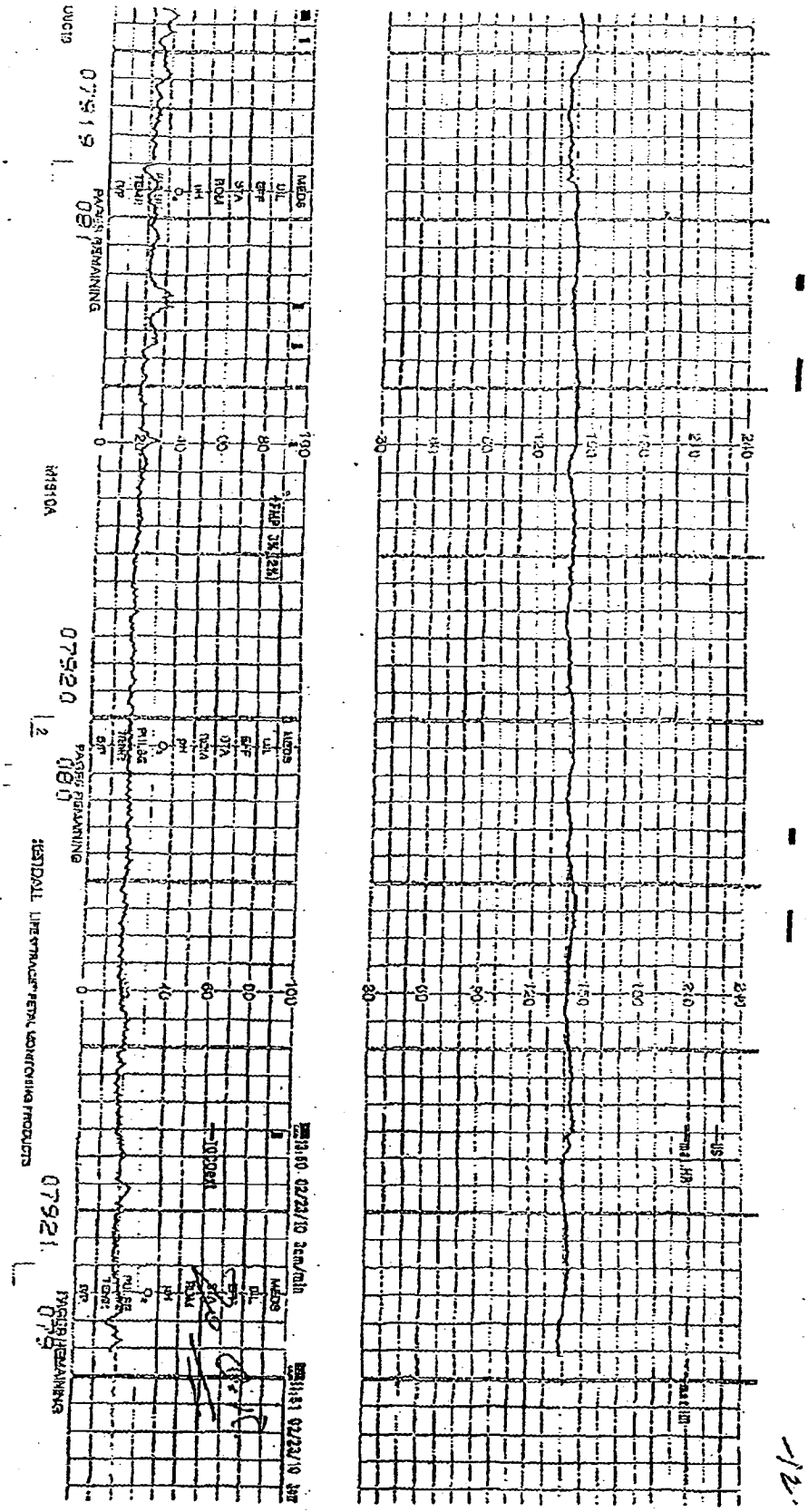

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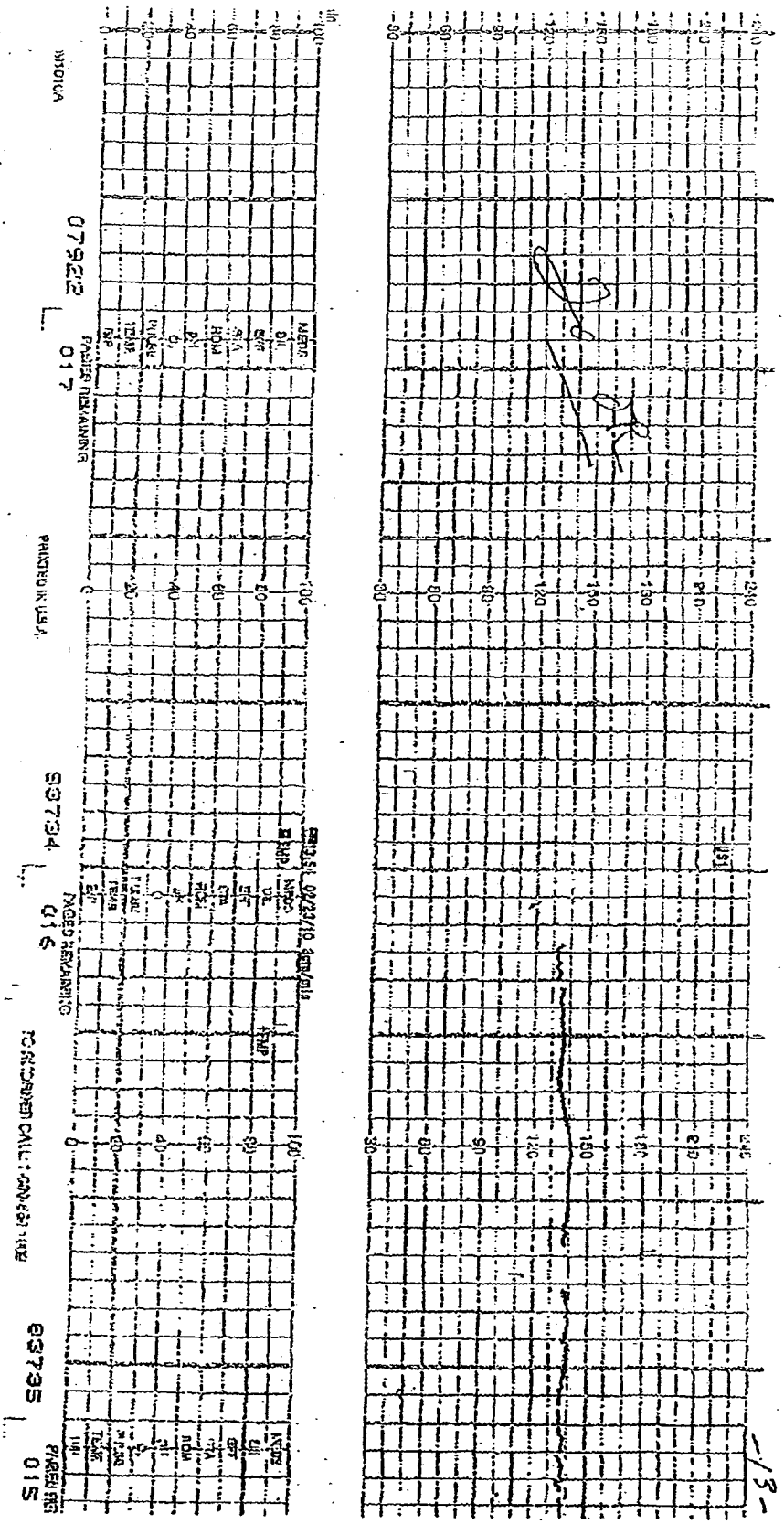

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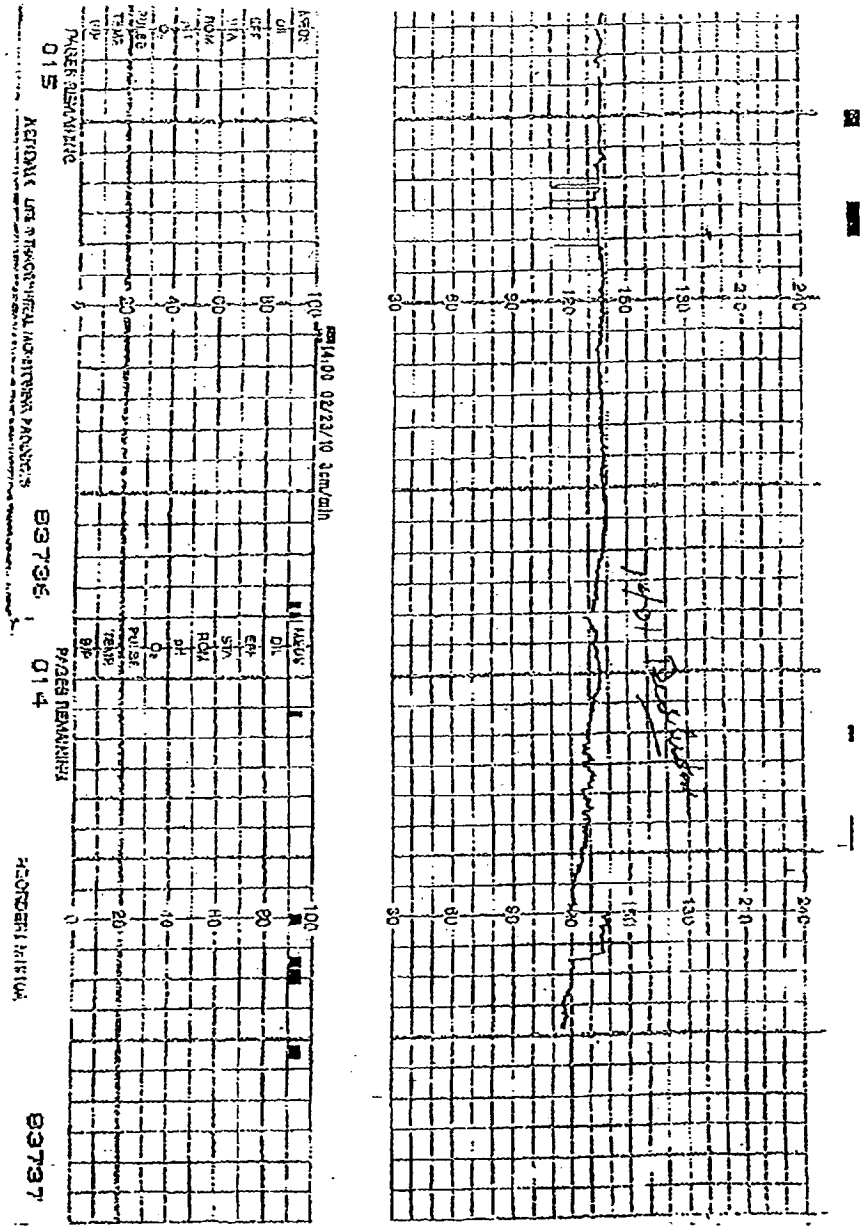

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DIC

Aiken Regional MEDICAL CENTERS

302 University Parkway, Aiken, SC 29802-1117
(803) 641-5170 Fax (803) 641-5140 www.aikenregional.com

Pathology Report

Name:	Age: 28	Accession#: A10:1127
ID#: 108634817	Sex: F	Collected: 2/23/2010
Referred By: Margo J Muniz, MD	DOB:	Received: 2/23/2010

Diagnosis

"PLACENTA":
PRETERM THIRD TRIMESTER PLACENTA WITH THREE VESSEL UMBILICAL CORD
RETROPLACENTAL HEMATOMA WITH PATCHY DECIDUAL NECROSIS AND DECIDUAL VESSEL THROMBOSES, SEE COMMENT
INTERVILLOUS HEMORRHAGE AND PATCHY VILLOUS EDEMA

Comment

The placenta trimmed weight is somewhat less than the mean weight and 50th percentile for 30-31 week gestational age. There is some villous size heterogeneity. There are small mature villi with syncytial knots as well as larger intermediate villi. There are scattered edematous villi. There are areas of intervillous hemorrhage with expansion of intervillous spaces. There is patchy perivillous fibrin deposition. A detached 150 gram formed, lobulated clot is present. The placenta macroscopically shows a distinctive 11.0 x 8.5 cm area of irregular concavity and indentation on the maternal aspect. These changes extend to the placental margin and are associated with patchy adherent dark red-brown clotted blood. There is thinning of the involved placental parenchyma which ranges from a 1.5 to 2.8 cm thickness. Uninvolved areas of placenta are up to 3.8 cm in thickness. Sections of the basal plate show decidual hemorrhage, dilated and congested vessels and patchy decidual necrosis with scattered neutrophils. There are also sparse scattered yellow-brown pigmented deposits and pigmented histiocytes suggestive of hemosiderophages. Some decidual vessels contain thrombi suggesting the possibility of decidual vasculopathy which may be associated with pregnancy-induced hypertension as well as maternal thrombophilic conditions. There is no evidence of acute chorioamnionitis or funisitis. Clinically, an obstetrical ultrasound performed on 2/23/10 noted a hypoechoic, avascular area posterior to the placenta suspicious for placental abruption. The obstetrical operative report noted the presence of a Couvelaire uterus and placental abruption. The gross and microscopic findings within the placenta are consistent with abruption. Clinical correlation is recommended.

Clinical Diagnosis

g1, p0, gestational age 30 5/7 weeks, abruption

Procedure

primary cesarean section

Gross Description

"placenta" - Received is a 16.0 x 12.5 x 3.8 cm placenta with an attached umbilical cord and attached membranes. The grey-tan, semi-translucent membranes insert marginally. The 27.0 x 1.3 cm umbilical cord inserts paramarginally 1.0 cm from the closest disc margin and contains three vessels. There is some parenchymal hemorrhage subjacent to the umbilical cord insertion. The trimmed weight is 384 grams. The fetal surface is purple-blue. The maternal surface is grey-brown with areas of irregularity and loss of the cotyledon pattern. There is a distinctive area of concavity and indentation on the maternal aspect, 11.0 x 8.5 cm which extends to the placental margin. The placental thickness in this area ranges from 1.5 to 2.8 cm. There is adherent dark red-brown formed clot variably over the depressed maternal aspect and placenta margin. The parenchymal cut surfaces are spongy, red without discrete lesions. There are hyperemic areas along the base. Also within the specimen container is a lobulated formed dark red-brown to dark red-purple mass of clotted blood 150 gm. RS as labeled.
1 - Cord and central disc; 2 - Membranes and marginal disc; 3 - Sections from zone of indentation/concavity; 4,5 - Umbilical cord insertion and adjacent hemorrhagic parenchyma; 6,7 - Sections from zone of indentation/concavity; 8,9 - Placenta margin with hemorrhage; 10 - Detached formed clotted blood

Electronic Signature
Robert L. Williams, MD

Transcribed: 2/26/2010 1:16:58 PM
Reported: 2/26/2010 1:18:00 PM

CONFIDENTIAL
Peer Review Material

AllMed
HEALTHCARE MANAGEMENT

621 SW Alder Street, Suite 740
Portland, OR 97205
Phone: (503) 274-9916 or (800) 400-9916
Fax: (503) 223-6244

URAC
ACCREDITED
INDEPENDENT REVIEW

Hospital Peer Review

TO: *Rebecca Gardner*
Aiken Regional Medical Centers
Confidential and Privileged Peer Review Document

DATE: March 15, 2010

REVIEW FOR:
PATIENT NAME: Patient 6
INSURED NAME: same
GROUP# / INS SS#:
DOB:

TYPE OF REVIEW REQUESTED: Peer Specialty Review / Non-Expedited
Hospital Peer Review

PHYSICIAN REVIEW:

Reviewed by a Board Certified Obstetrician/Gynecologist and Reproductive Endocrinology and Infertility Specialist

Materials reviewed:
I have reviewed the forwarded materials for this patient.

Summary of clinical course:
The patient is a 28-year-old G1 PO who was admitted at an estimated 30 weeks and 5 days gestation to Labor & Delivery triage, on 2/23/10 at 1158. She complained of severe abdominal pain of 5/10; constant and sharp for the last six hours. Her admission diagnosis was to rule out premature labor. She had a history of prenatal care at what appears, according to the record, to have been in another city in the same state.

Her previous history included a LEEP procedure and that her pregnancy was conceived via IVF. Her prenatal course was complicated by high systolic pressures from 134-140, starting at 15 weeks. Fundal heights were consistent with dates throughout the prenatal course. Her blood pressures worsened at 130-142/88-100 over weeks 28-30. She complained of back pain and nausea at her 29 week visit.

Continued

She was placed on Aldomet at some point in her course; however, there is no documentation available as to when this occurred. A diagnosis of pregnancy induced hypertension (PIH) was documented at admission. Her admission blood pressure was 138/93.

Fetal monitoring was started. A prolonged deceleration was noted, and the uterus showed hypercontractility. Intrauterine resuscitation with O_2, IV fluids and left lateral placement was started. The attending obstetrician was called. The FHTs recovered. The NICU, OR, and anesthesia were called for the possibility of an immediate cesarean section. The obstetrician arrived within ten minutes and assessed the patient at 1229. The patient told her that she had felt no fetal movement for the entire day. FHTs showed no long- or short-term variability. Terbutaline was ordered at 1236 and betamethasone was given.

The obstetrician suspected an abruption. A stat ultrasound was ordered and at 1304 it revealed a large abruption. A brief team discussion as to the patient's request for transfer to a university medical center took place, and that facility of their NICU team was called, all of which resulted in recommendation of denial of that request.

The offsite NICU team was also not readily available at that time. She was taken to a stat cesarean section at 1351, the incision at 1407. FHTs prior to the cesarean section showed persistent late decelerations and no variability and the tracing ended at approximately 1405. FSP levels were obtained and elevated, but the remainder of the coagulation profile was normal. The Hemoglobin and Hematocrit was low at 10.1/30.2.

The procedure was performed through a transverse skin incision and transverse uterine incision. The uterus had a Couvelaire external appearance. Bloody fluid was encountered on opening the uterus. The uterus contained about 90% fresh clot and the placenta contained 60-70% of old clot over its surface consistent with older abruption. The placenta was only 10% intact. The baby was delivered at 1411 as a male infant Apgar 0/1 (confirmed at resuscitation). "Rudimentary brain stem activity" was noted by the obstetrician at delivery. Resuscitative efforts were performed on the baby; however, this failed and the effort was discontinued at 1427.

The obstetrician recommended a thrombophilia work-up as well as an autopsy. The patient had an uneventful postoperative course and was discharged on 2/25/10. The family declined an autopsy immediately postoperative and on postoperative day one.

Continued

A second recommendation for an autopsy on postoperative day two was discussed, and the autopsy may have been agreed to, but then canceled. The obstetrician, in her progress note, reported that she and the family agreed that it was more important to pursue a thrombophilia etiology rather than an autopsy. She was found to be heterozygous for Factor V Leiden and to have a low Protein S level.

Response to referral question:
Pre-procedure evaluation and indications:
The evaluation of this patient on admission was performed within the standard of care.

Severe abdominal pain was noted. Preterm labor was suspected. The nursing staff of Labor & Delivery placed the patient on fetal monitoring, which was appropriate. Prompt evaluation was sought and the attending obstetrician immediately arrived. An evaluation for abruption was carried out appropriately and rapidly with a physical examination, imaging and coagulation studies. The indication for the cesarean section was appropriate and well within the standard of care.

Procedure technique:
There is good documentation concerning the technique of the cesarean section. The procedure was appropriately performed within the standard of care. There are no concerns.

Complications / timely recognition:
The complication of fetal bradycardia was recognized in a timely manner by the Labor & Delivery nursing staff with intrauterine resuscitation.

The obstetrician recognized the great possibility of abruption in this patient and confirmed the diagnosis. Appropriate blood testing and imaging to reach this diagnosis were performed.

Post-procedure care:
There are no concerns about the postpartum care of the patient. Her postoperative care was given appropriately and there were no noted breaches of the standard of care.

Continued

Utilization of ancillary services and consultants:
There are no concerns in this area. The obstetrician utilized her consultants in a rapid and appropriate manner. The ancillary services and specialty teams in NICU, anesthesia and the D.R. were notified well before they were required and given adequate time to respond.

Was this standard of care appropriate?
Yes. The standard of care was appropriate.

As noted above the patient was admitted immediately. Prompt fetal monitoring and request for obstetrician presence was performed by the nursing staff. The complications of fetal bradycardia and uterine hypercontractility were noted and dealt with expeditiously with resuscitative efforts and terbutaline respectively. The diagnosis of abruption was suspected immediately and the obstetrician acted rapidly to confirm it. The fetal heart rate had recovered from bradycardia and allowed for this short amount of time to confirm the diagnosis. Once confirmed she moved to delivery rapidly, as well. There is firm evidence that there was fetal heart activity of 130-140. There appears to be a decline in the rate just prior to the cesarean to 120. It was therefore appropriate to continue with the cesarean section.

Was there a delay in decision making for appropriateness of treatment?
Yes, in part. There is evidence of a delay in decision making for appropriateness of treatment. The obstetrician arrived appropriately within 10-11 minutes of being called to Labor & Delivery. Terbutaline was administered within another 10 minutes to stop the uterine hypercontractility and this was rapidly done. With a resolution of the fetal bradycardia there was a short amount of time taken for ultrasound imaging. This confirmed the abruption. However according to the nurses' notes the obstetrician initially intended to "transfer" the patient for NICU reasons, as best as can be determined from the record.

After discussion with the pediatrician, again according to the nurses' notes, the obstetrician then decided to perform the cesarean. This episode took approximately 30 minutes. The diagnosis of abruption and non-reassuring fetal heart tracings demanded immediate delivery of this patient for fetal and maternal reasons. Abruption can lead to maternal coagulopathy and fetal morbidity and mortality. Once the diagnosis of placental abruption has been made, certain clinical and laboratory precautions should be taken to anticipate the possible life-threatening consequences for both mother and fetus such as DIC. Delivery must be seriously considered.

Continued

Although it is unclear if the outcome would have been different should the delay not have occurred, the excess time taken for the decision to operate was not appropriate for fetal or maternal reasons.

Transfer to another medical facility was not an appropriate clinical decision to consider. Once the cesarean section was called the baby was delivered in an appropriate amount of time.

References:

Gabbe SG. Chapter 18: Antepartum and postpartum hemorrhage. Obstetrics: Normal and Problem Pregnancies., 5th edition, 2007.

Cunningham GF, et al. Chapter 35: Obstetrical Hemorrhage. Williams Obstetrics, 22nd edition, McGraw-Hill, 2005.

S Freedman MD

Skip Freedman, M.D.
Medical Director

3 / 15 / 10
DATE

SCORING

Standard of Care

1 **Good quality of care**-Appropriate, no issue with the physician care
2 **Documentation deficiencies**
   a. No issue with physician documentation
   b. Does not substantiate clinical course, treatment and plan of care
   c. Not timely to communicate with other care givers
   d. Unreadable
   e. Other
3 **Care varied from best practice**
   Controversial-no major issues, varies from best practice
4 **Care varied from best practice-no patient harm**
   Controversial-care varied from best practice: no patient harm
5 **Care varied from best practice**
   Controversial-care varied from best practice: could harm patient
6 **Care varied from best practice – did harm patient**
   a. Minor adverse outcome (complex recovery expected)
   b. Major adverse outcome (complex recovery expected)
   (c.) Catastrophic adverse outcome (death)

Delay of ≈ 2 hours in performing C-Section for abruption. Terbutaline contraindicated

Disposition/Recommendation

1 Send letter

2 Refer to committee

3 Refer to MEC

4 Refer to External Peer Review

(5) Other recommendation Reported to Dr Robinson and recommended 2nd review.

6 Trend

7 No action required

Dr Robinson 2-24-10 1:30pm

Addendum A

CONFIDENTIAL
MEDICAL PEER REVIEW
DO NOT PHOTOCOPY

SCORING

Standard of Care

1 **Good quality of care**-Appropriate, no issue with the physician care
2 **Documentation deficiencies**
   a. No issue with physician documentation
   b. Does not substantiate clinical course, treatment and plan of care
   c. Not timely to communicate with other care givers
   d. Unreadable
   e. Other
3 **Care varied from best practice**
   Controversial-no major issues, varies from best practice
4 **Care varied from best practice-no patient harm**
   Controversial-care varied from best practice: no patient harm
5 **Care varied from best practice**
   Controversial-care varied from best practice: could harm patient
(6) **Care varied from best practice – did harm patient**
   a. Minor adverse outcome (complex recovery expected)
   b. Major adverse outcome (complex recovery expected)
   (c.) Catastrophic adverse outcome (death)

Disposition/Recommendation

1 Send letter

2 Refer to committee

3 Refer to MEC

4 Refer to External Peer Review

5 Other recommendation : SUSPEND SUMMARILY.

6 Trend

7 No action required

Munto
2/24/10

Addendum A

CONFIDENTIAL
MEDICAL PEER REVIEW
DO NOT PHOTOCOPY

CONFIDENTIAL
MEDICAL PEER REVIEW
DO NOT PHOTOCOPY

Presentatim 1156 Delivery 1411.

Why did MD leave unit with maternal pain, decels, no impv. despite resuscitatim measures.

"Abruptim a clinical diagnosis"

Type of Incisim: did surgeon recognize urgency prior. If so why Pfannestiel. If no recognitim why not?

CHOICE OF ANESTHESIA: SPINAL WHY NOT GENERAL

How does OB know about "brain stem?"

Pathology: how is there deterioratim of skin with heart rate be on admisssi~

Peds noted cyanosis not "deterioratim"

CORRECT Nursing rcord fluid clear / c.p report bloody

Nurses recognized need for C-Sectim. was this relayed and why MD Did not MD.

ARMC / MM 00003

Suspend - Summary Immediate dive to concern over patient safety

Mule

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MCNAIR
ARMCIMM 00044
CONFIDENTIAL
CD

Tissue Sample/RECORD RELEASE FORM

Medical Provider's Name: Margo Muniz MD R. Ph.

Street Address: 410 University Pkwy #2300

City, State, Zip: Aiken SC 29801 Phone: (803) 649-6366

Patient Name at Time of Treatment: DOB:

SSN: Phone Number:

Address: City, State, Zip:

I AUTHORIZE THE ABOVE NAMED PROVIDER TO RELEASE MY PROTECTED HEALTH INFORMATION TO:

Recipient Name: Dr Rebecca Baergen Phone: (212) 746-2768

Attention: Dr Baergen / Weill Cornell Phy FAX: (212) 746-0568

Street Address: 525 E. 68th St City, State, Zip: New York, NY 10065

+2 Starr Pavilion 10th floor

Information for treatment period from (date) 2 Feb 10 to (date): present

Information to be released (Please Check All that Apply)

- ☐ Patient Demographics
- ☐ EKG/Cardiovascular
- ☐ Pathology Report
- ☐ Pulmonary Function Tests
- ☐ Office Notes/Physician Dictation
- ☐ Radiology Films: Type:
- ☐ Physical Therapy Records
- ☐ Occupational Therapy
- ☐ Laboratory Tests
- ☐ Radiology Reports
- ☐ Bill
- ☒ Other Placenta to specialist @ Cornell as requested by Dr Muniz & Dr Truspec

This information is being requested for the following purposes: 2 days after the delivery for 2nd opinion

- **Sensitive Information.** I understand that my record my include information relating to AIDS or HIV, psychiatric care, Psychological assessment, behavioral and/or mental health services, sexually transmitted diseases, alcohol and/or drug Abuse and this information will be released
- **Re-Disclosure:** I understand that any disclosure of information carries with it the potential for re-disclosure and that the Information my not be protected by federal confidentiality rules.
- **Right to Revoke:** I understand that I have the right to revoke this authorization at any time. I understand that any Revocation must be in writing to the above medical provider and that the revocation will not apply to information Already released based on the information
- **Expiration:** I understand that this authorization will expire 12 months after signed unless an earlier date is specified Here:
- **Services:** I understand that refusal to sign this authorization cannot be used as a reason for denial of services or benefits.

Redacted signature of patient

Signature of Patient or Legal Representative

3.5.10

Date

Description of Legal Representative's Authority (Attached Necessary Documents)

- Phone (212) 746-2768
- Fax (212) 746-0568

- 525 East 68th Street
  Starr Pavilion, 10th Floor
- New York, NY 10065

Dr. Rebecca Baergen, Weill Cornell Physicians

R. P. von Buedingen, M.D., F.A.C.S., F. I. C. S.
Practice of Adult and Pediatric Urology

Diplomate: American Board of Urology
Fellow: American College of Surgeons

Aiken Urological Associates, P. A.

410 University Parkway Suite 2300
Aiken, South Carolina 29801

Telephone 803-648-7815 Fax 803-648-8028 Toll Free 800-922-2732

February 26, 2009

To Whom It May Concern:

I write this as support for Dr. Margo Muniz and to serve as witness to her abilities as a physician. I have known and worked with Dr. Muniz for the eight years she has been practicing in this area.

I have worked with Dr. Muniz on complex gynecological and urogynecologic cases that she (unlike several others in this community is willing to take on). Her performance in the operating room and her care of patients in the pre-operative and post-operative periods is well within standard medical practice.

Dr. Muniz is an excellent gynecologist for this area. She is well know and liked in the medical community as well as the community at large. She has a strong referral base from local primary care physicians and specialists.

She is an asset to Aiken Regional Hospital, and the hospital has certainly benefited from her expertise. It would be unfortunate for the patients in this area to lose her as a practicing physician at the hospital. Given her abilities, I can see no appropriate reason that Dr. Muniz should not have full, unrestricted privileges in this, or any hospital.

If I may be of further assistance, please do not hesitate to contact me.

Sincerely yours,

R P von Buedingen, M.D., F.A.C.S.

Aiken Surgical Associates

Wayne T. Frei, M.D., FACS
Robert C. Terry, M.D., FACS
Frank Y. Chase, M.D.

March 2, 2009

Dear Ad Hoc Committee,

I am writing in reference to Dr. Margo Muniz. I have known her since her arrival in Aiken over eight years ago. I have assisted her on numerous elective surgeries. In addition, she has referred many patients with appropriate general surgical diagnoses.

I have witnessed Dr. Muniz during her preoperative evaluation and intraoperative skills on many combined surgeries. These combined cases have been gyn cancer patients. Postoperatively, she has managed these patients with competence.

Dr. Muniz is a caring physician and good person. Her referred patients have been very happy with Dr. Muniz's healthcare and bedside manner. I look forward to many future patient referrals and combined surgical procedures.

If any further comments are necessary, please feel free to contact me at the office.

Sincerely,

Wayne T. Frei, MD

WTF:pc

Columbia Women's Healthcare

GYNECOLOGY • ROUTINE and HIGH RISK OBSTETRICS • INFERTILITY

March 5, 2010

Re: Margo Muniz, MD

To whom it may concern,

I have reviewed the prenatal records, hospital records, fetal heart rate tracings, and operative notes of the patient #227589, who delivered at Aiken Regional Medical Center on 2/23/10. It appears to me that the patient was and had been developing hypertension in pregnancy and appeared at the Aiken Regional Medical Center while she apparently was visiting in that area from Spartanburg where she was being followed. The patient was somewhere around 30 weeks gestation with an IVF pregnancy. Dr. Muniz apparently saw her according to the records as best as I can see somewhere around 12:30 pm and examined the patient and assessed her. This patient was delivered by cesarean section at 2:11 pm, approximately 101 minutes later. Dr. Muniz, as near as I can tell from review of the records, made the decision to perform a cesarean section around 1:40 pm. This is just over one hour after she initially saw the patient. Of course we know the outcome of the pregnancy was a stillbirth and from the description of the findings, this patient obviously had been suffering probably from a chronic abruption as well as an acute episode that day. The fetal heart tones were running around 130-150 on the monitor with at least one prolonged deceleration.

I suspect the question will arise, did Dr. Muniz act quick enough and appropriately enough in this situation. There was evidence in the chart that they had attempted to transfer this patient being a 30 week pregnancy which normally would not be delivered at Aiken Regional Medical Center and apparently the transport team was in Atlanta. Consequently they were faced with delivering a very premature infant at a hospital that was not used to taking care of that kind of preterm baby. Cesarean section was performed at 30-31 minutes after the decision was made and this is within standard of care.

Overall, when suddenly faced with a high risk patient with an in-vitro fertilization pregnancy that has been followed at another hospital without proper prenatal records in a preterm situation that is not normally delivered at your hospital, contacting the transport team and finding out they are not available for transport, getting an ultrasound to help make the diagnosis, and making the decision to move to a

Harold A. Moore, M.D. • Alexander R. Smythe, II, M.D. • Mary K. Neuffer, M.D.
Albert E. Odom, M.D. • Kathryn L. Moore, M.D. • Myles D. Davis, M.D. • John H. Moore, M.D.

1301 Taylor Street • Suite 6-J • Columbia, SC 29201
(803) 254-3230 • Fax (803) 779-9581

cesarean section in one hour and ten minutes after initially seeing this patient, I find to be acceptable and within the standards of care. Certainly this patient needed a cesarean section for delivery whether 30 minutes one way or the other would have made any difference at all I do not think would have mattered in this case. This obviously was a problem that was suddenly presented to this physician and I believe she acted appropriately. She did not try to shun her duties as an obstetrician faced with a patient in dire straits and the condition of the uterus being a uterus shot full of blood from obviously a chronic abruption that had been going on, this is not a problem that she created or had a chance to see or diagnose prior to being confronted in the OB Triage area.

Consequently with a reasonable degree of medical certainty, I believe that Dr. Muniz acted within the standards of care in spite of the unfortunate outcome of this pregnancy. I believe she made herself available, she assessed the problem, she tried to transport the patient to an appropriate care facility, when this was unavailable, and she made the decision to deliver the patient at Aiken. Once her decision was made at 1:40 pm to perform cesarean section, the hospital was unable to get the operating room going any sooner than 30-31 minutes would be the only question in my mind. If there are any further details regarding my review please feel free to contact me. As always I reserve my right to change my opinion if there are any other facts or records that come to light regarding this case.

Sincerely,

ARS M.D.

Alexander R. Smythe, MD
Consultant in Maternal Fetal Medicine

Harold A. Moore, M.D. • Alexander R. Smythe, II, M.D. • Mary K. Neuffer, M.D.
Albert E. Odom, M.D. • Kathryn L. Moore, M.D. • Myles D. Davis, M.D. • John H. Moore, M.D.

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SOUTH CAROLINA ONCOLOGY ASSOCIATES

166 Stoneridge Dr., Columbia, SC 29210
803-461-3000, FAX 803-461-4917, www.sconcology.net

PRESIDENT
Rudolph L. Wise, M.D.

CHIEF OPERATING OFFICER
Frank E. Sobash

DIRECTOR OF CLINICAL SERVICES
Kayleen Fox, RN, BSN, OCN

DIRECTOR OF PHARMACY
Jan Montgomery, PHARM D

March 29, 2010

To Whom It May Concern

Re: Margo Muniz, MD

Dear Sirs:

It has been my pleasure to know Dr. Muniz both during and since her residency in Obstetrics and Gynecology at the University of South Carolina School of Medicine. I have always found her to be a lady of high moral character who strives for her patients well being above all other considerations.

Dr. Muniz has recently had difficulty with credentialing at the Aiken hospital. I had the opportunity to review the cases considered by their quality assurance committee. In no case did I find a deviation from accepted standard of care. Taken as a whole, they represented very challenging cases. These would have presented difficult decision making for any seasoned practitioner. I, likewise, had the opportunity to testify in favor of Dr. Muniz at their credentialing subcommittee. The finding of this committee was that there was insufficient evidence to censure Dr. Muniz. She was, by their recommendation, returned to full practice. This decision was in some way altered by their Board of Trustees for reasons which are unknown to me.

Despite Dr. Muniz's recent difficulty with credentialing at the Aiken hospital, I find that she remains a capable, compassionate, and morally upstanding clinician. Her strong personality would enhance any practice that she chose to join.

Sincerely,

S. T. Smith, M.D.
STS/aa/596902
This document has been electronically signed and verified by:
S. T. Smith, M.D. on: 04/09/2010 07:57:46

MEDICAL ONCOLOGY
Mary Audrey Ackerman, M.D.
William H. Babcock, M.D.
Phillip E. Baldwin, M.D.
William M. Butler, M.D. FACP
Mohamed El Geneidy, M.D.
G. Tripp Jones, M.D.
Fred J. Kudrik, M.D.
Leland J. McElveen, M.D.
Prateek Mendiratta, M.D.
Chaudhry M. Mushtaq, M.D. FACP
Robert E. Smith, Jr., M.D.
Rudolph L. Wise, M.D.

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S.T. Smith, M.D.
James A. Williams, M.D.

RADIATION ONCOLOGY
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William J. Neglia, M.D.
Diane W. Truesdale, M.D.
Bart J. Witherspoon, Jr., M.D. FACRO
Ben W. Wright, Jr., M.D. FACRO

Gretchen Byars, APRN, ANP BC
Kim DeWitt, ACNP-C
Cindy Frick, ACNP-C
Karen Ferguson, PA C
Nichole Hendry, PA-C
Malshundria S. Prophet, APRN, BC

CURRICULUM VITAE

NAME:	Alexander Rhea Smythe, II, M.D.
ADDRESS:	1301 Taylor Street, Suite 6J Columbia, SC 29201
TELEPHONE:	803-254-3230 OFFICE 803-788-8010 HOME 803-309-3341 CELL
BIRTH:	January 28, 1946 Hayward, California
MARRIED:	Gwen: Four Children
UNDERGRADUATE EDUCATION:	University of South Carolina Florence, South Carolina 29501 1963-1965
MEDICAL EDUCATION:	Medical University of South Carolina School of Pharmacy 141 Ashley Ave. Charleston, South Carolina 29425 1965-1968 B.S. Pharmacy Medical University of South Carolina School of Medicine 141 Ashley Ave. Charleston, South Carolina 29425 1968-1972 M.D.
INTERNSHIP:	Straight Medicine Internship University of Alabama Hospital and Clinics Birmingham, Alabama 1972-1973
RESIDENCY:	Medical University of South Carolina Department of Obstetrics and Gynecology 141 Ashley Ave. Charleston, South Carolina 29425 1973-1977
FELLOWSHIP:	Maternal-Fetal Medicine Madigan Army Medical Center Fort Lewis Tacoma, Washington 1978-1980

CURRICULUM VITAE

Alexander R. Smythe, II, M.D.

MILITARY:

Lt. Colonel, USAR
Major, Medical Corps, 1977-1982

Staff Perinatologist
Madigan Army Medical Center
Tacoma, Washington
1980-1982

Staff OB/GYN
Department of Obstetrics and Gynecology
Fort Stewart Army Hospital
Savannah, GA
1977-1978

SPECIALTY CERTIFICATION:

Diplomate, National Board of Medical Examiners, 1973

Diplomate, American Board of Obstetricians and Gynecologists
February 1980

Diplomate, American Board of Obstetricians and Gynecologists
Division of Maternal-Fetal Medicine
December 1983

LICENSURE:

South Carolina, 1973- Present

CURRENT:

Staff Physician OB-GYN
Baptist Medical Center
Columbia, SC

Associate Professor Clinical
Obstetrics and Gynecology at University
South Carolina School of Medicine

Staff Physician and Investigator
S.C. Clinical Research Center

SOCIETIES AND PROFESSIONAL ORGANIZATIONS:

Alpha Omega Alpha

Fellow, American College of Obstetricians and Gynecologists

Columbia Medical Society

Medical Journal Club

Medical History Club

South Carolina Medical Association

CURRICULUM VITAE
Alexander R. Smythe, II, M.D.

SOCIETIES AND PROFESSIONAL ORGANIZATIONS:

South Carolina OB/GYN Society

Society of Perinatal Obstetricians

Thegos Society

AAGL- American Association GYN Laparoscopists

HONORS:

President of Student Body
University of South Carolina
Florence, South Carolina
1965

President of Student Body
Medical University of South Carolina
Charleston, South Carolina
1972

Recipient of Geer Drug Scholarship
1965-1968

Merck Sharp Dome Pharmaceutical Chemistry Award
1968

Rexall Award Outstanding Senior
1968

Lange Medical Publication Award
1970

Roche Award
1970-1971

Pfizer Scholarship Award
1970-1972

Alpha Omega Alpha Junior Year
1970

Vice President, Alpha Omega Alpha
1971-1972

Dean's Award in Student Affairs
1972

CURRICULUM VITAE

Alexander R. Smythe, II, M.D.

HONORS:

Department of Medicine Award for Best Teaching Intern
University of Alabama Hospital and Clinics
Birmingham, Alabama
1973

Physician of the Year
Midlands of South Carolina
2004

ACADEMIC APPOINTMENTS HELD:

Director Maternal-Fetal Medicine
Madigan Army Medical Center
1980-82

Assistant Professor
Department of Obstetrics and Gynecology
University if South Carolina School of Medicine
Richland Memorial Hospital
1982-1985

Director of Maternal-Fetal Medicine
Department of Obstetrics and Gynecology
Richland Memorial Hospital
Columbia, SC
1982-1985

Adjunct Assistant Professor
College of Pharmacy
University of South Carolina
Columbia, SC
1982-1985

Staff Obstetrics and Gynecology
Perinatologist
Baptist Medical Center
Columbia, SC
1985- Present

Associate Professor Clinical
Obstetrics and Gynecology at University
South Carolina School of Medicine
Present

COMMITTEES AND APPOINTMENTS:

Early Discharge Program
Richland Memorial Hospital
1983-1984

CURRICULUM VITAE

Alexander R. Smythe, II, M.D.

COMMITTEES AND APPOINTMENTS:

Low Birth Weight Program
Richland Memorial Hospital and
Department of Heath and Environmental Control
1983-1984

Utilization Review Committee
Richland Memorial Hospital
1983-1984

Chairman
Executive Advisory Committee
March of Dimes, Midlands Chapter
1983-1984

Chairman
Perinatal Committee
1988-1990

Vice Chief of Obstetrics and Gynecology
Baptist Medical Center
1988-1990

Chairman Department of Obstetrics and Gynecology
Baptist Medical Center
1991-1993

Perinatal/ Neonatal Committee
Baptist Medical Center
1990- Present

President Medical Journal Club
1991-1992

Admissions Committee
Medical University of South Carolina
1993- 2000

PRESENTATIONS:

Thirteenth Annual OB/GYN Symposium
"Advanced Maternal Age in Pregnancy"
OB/GYN Department, MUSC
Charleston, South Carolina
April 1978 (Invited)

Armed Forces District ACOG
"Pregnancy Associated with Extrophy of the Bladder and Obstructive Renal Failure"
Orlando, Florida
October 1979 (Contributed)

CURRICULUM VITAE

Alexander R. Smythe, II, M.D.

PRESENTATIONS:

Armed Forces District ACOG
"Maternal Metabolic Alterations
Secondary to Terbutaline Therapy for
Premature Labor"
Las Vegas, Nevada
October 1980 (Invited)

"Swan-Ganz Monitoring in Patients with
Congestive Heart Failure Secondary to
Betamimetics" Roger Spencer, M.D. and
A.R. Smythe, M.D. October 1980 (Invited)

Department of OB/GYN
"Prenatal Diagnosis:
Richland Memorial Hospital
Columbia, South Carolina
April 1981 (Invited)

Armed Forces District ACOG
"Fetal Heart Rate and Uterine
Contraction Response to Amniocentesis in
the Third Trimester"
A.R. Smythe, M. D. and E.B. Blackmon, M. D.
Phoenix, Arizona
October 1981 (Contributed)

Department of OB/GYN
"Hodgkin's Disease in Pregnancy"
"Complications of Treatment of Preterm
Labor"
Richland Memorial Hospital
Columbia, South Carolina
April 1982 (Invited)

Ninth Annual Neonatal Symposium
"Big Problems in Small Packages: An
Obstetrical Overview"
Columbia, South Carolina
September 1982 (Invited)

Nursing Staff
"Renal Failures and Pregnancy"
Richland Memorial Hospital
Columbia, South Carolina
September 1983 (Invited)

South Carolina Genetics Conclave
"Hydrocephaly—Obstetrical Diagnosis"
Columbia, South Carolina
September 1983 (Invited)

CURRICULUM VITAE

Alexander R. Smythe, II, M.D.

PRESENTATIONS:

South Carolina OB/GYN Society Annual Meeting
"Severe Pulmonary Disease in Pregnancy and Swan-Ganz"
Sea Island, Georgia
October 1983 (Contributed)

Armed Forces District ACOG
"Severe Pulmonary Disease in Pregnancy and Swan-Ganz"
Las Vegas, Nevada
October 1983 (Contributed)

Family Practice Conference
"Prenatal Diagnosis"
Richland Memorial Hospital
Columbia, South Carolina
March 1984 (Invited)

Diabetes Training Program
"Glycemic Control"
Columbia, South Carolina
March 1984 (Invited)

Professional Staff Conference
"Antenatal Diagnosis"
Moncrief Army Hospital
Columbia, South Carolina
March 1984 (Invited)

Marlboro County Medical Society
"Current Indications of Cesarean Section"
Bennettsville, South Carolina
April 1984 (Invited)

NACOG
"Legal Aspects of Fetal Monitoring"
Baptist Medical Center
Columbia, South Carolina
May 1984 (Invited)

Department of Anesthesiology
"Utero-Placenta Physiology"
"Prenatal Diagnosis"
"Diabetes in Pregnancy"
Richland Memorial Hospital
Columbia, South Carolina
August 1984 (Invited)

CURRICULUM VITAE

Alexander R. Smythe, II, M.D.

PRESENTATIONS:

South Carolina Genetics Conclave
"Black Fan-Diamond Syndrome"
Columbia, South Carolina
September 1984 (Invited)

General Surgical Grand Rounds
"Infection in Obstetrics and Gynecology"
Columbia, South Carolina
September 1984 (Invited)

Armed Forces District ACOG
"Preterm Rupture of the Membrane—The Influence of Betamethasone on Perinatal Infections"
Atlanta, Georgia
October (Contributed)

South Atlantic Association of Obstetricians and Gynecologists
"Reliability of Gynecological Sonographic Diagnosis"
Presented by Ronald V. Wade, M.D.
Authored by Ronald V. Wade, M.D. Alexander R. Smythe, M.D., E.J. Dennis, M.D., George W. Watt, M.D., and Ann Bennett, R.N.
Hot Springs, Virginia
January 1985 (Invited)

Department of Genetics, Viral, Drug and Radiation Teratology—Dept. of OB/GYN-
11/5/85

South Carolina Medical Association
"High-Risk Pregnancy"
Charleston, South Carolina
April 1986 (Invited)

S.C. Department of Health, Education, and Welfare
"Diabetic Management During Pregnancy"
Diabetes Conference
Conference Chairman, Kay McFarland
June, 1987

McLeod Regional Hospital
Pee Dee Perinatal Association
"Advances in Perinatology"
June 26, 1987

CURRICULUM VITAE

Alexander R. Smythe, II, M.D.

PRESENTATIONS:

South Atlantic Journal of Obstetrics-Gynecology
"Insulinoma in Pregnancy"
January 1990

South Atlantic OB/GYN Society
"Cerebral Palsy and Fetal Distress"
January 1991 (Invited)

Mary Black Hospital
Ectopic Pregnancy Grand Rounds
March 1991

S.C. OB/GYN Society
Operative Laparoscopy Surgery
Ashville, N.C.
September 1991

Crohn's & Colitis Foundation of America
"Inflammatory Bowel Disease in Pregnancy"
May 30, 1992

S.C. Medical Association
"What's New in OB/GYN?"
April 22, 1993 (Invited)

S.C. OB/GYN Society
"Operative Hysteroscopy and Endometrial Ablation"
May 1995 (Invited)

" Menopause" Colonial Life 10/8/08

PUBLICATIONS:

Smythe AR, Underwood PB: Ectopic Pregnancy After Postcoital Diethystilbestrol.
AM J Obstet Gynecol 121:284, 15 January 1975

Johnson HT, Culp TW, Kaufman RH, Smythe AR, Feldman GL: The influence of exogenous PMS and HCG on the arachidonic acid content of the immature rat ovary. Proceedings of the Society for Experimental Biology and Medicine 149:1005, 1975.

Smythe AR, Underwood PB: Metastatic tumors of the placenta: Report of three cases. AM J Obstet Gynecol 25:1129, 15 August 1976.

CURRICULUM VITAE
Alexander R. Smythe, II, M.D.

PUBLICATIONS:

Horger EO, Smythe AR: Pregnancy in women over forty. Obstet Gynecol 49:257, #3, March 1977.

Smythe AR: Pregnancy associated with extrophy of the bladder, obstructive renal failure and vaginal hysterotomy. Armed Forces District Newsletter Vol. 3 (No. 2), 1980

Smythe AR, Sakakini J: Maternal metabolic alterations secondary to terbutaline therapy for premature labor.
Obstet Gynecol 51:566, May 1981.

Smythe AR: Ultrasonic detection of fetal ascites and bladder dilation with resulting prune-belly. J Ped 98 (6): 978, 1981.

Smythe AR: Preterm labor and premature rupture of the membranes-1984. J SC Med Assoc 80:333, July 1984.

Smythe AR: Pregnancy associated with extrophy of the bladder and obstructive renal failure. South Med J 77 (No. 9): 1196, September 1984.

Smythe AR, Gallery P, Kraynack B: Severe pulmonary disease in pregnancy assessment with Swan-Ganz monitoring. Vol: 133, February, 1985. Journal of Reproductive Medicine.

Reliability of Gynecologic "Sonographic Diagnosis", 1978-1984. Wade, R.V., Smythe, A.R., Watt, G.W., et al, AJOG, 153:186, September 15, 1985.

Ronald V. Brown, M.D., A. Van Moore, M.D., and Alexander R. Smythe, II, M.D.: Arteriographic management of uterine arteriovenous fistula. AJOG,

PP 491-493, September 1986.

CURRICULUM VITAE
Alexander R. Smythe, II, M.D.

PUBLICATIONS:

Smythe AR: "Multiple Endocrine Adenomatosis Type I in Pregnancy" American Journal of Obstetrics and Gynecology, September 1990, 163:1037.

Smythe AR: "Appropriateness of Intrapartum Fetal Heart Rate Managements and Risk of Cerebral Palsy": Discussion; A.J.O.B. 165: 276, August 1991.

POST GRADUTE COURSES AND PROFESSIONAL MEETINGS:

5/4/90-
5/9/90 American College OB-GYN
National Meeting
San Francisco, California
Advanced OB-GYN Ultrasound

7/26/90
7/28/90 De Paul University (AAGL)
Hysteroscopy
Hysteroresectoscopy Surgery

9/21/90 International Congress
Endoscopy
Advance Laparoscopy Laser
Surgery
Washington, D.C.

11/14/90-
11/18/90 International Congress Gyn
Endoscopy
American Association Gynecology
Laparoscopy
Laparoscopy and Hysteroscopy
Surgery

1/27/91-
1/39/91 South Atlantic OB-GYN
Ultrasound
Cerebral Palsy (Invited
Speaker)
Hot Springs, Virginia

CURRICULUM VITAE

Alexander R. Smythe, II, M.D.

POST GRADUATE COURSES AND PROFESSIONAL MEETINGS:

7/27/91
7/28/91 Laparoscopic Hysterectomy
Advanced Laparscopic
Techniques- Hysterectomy,
Salpingo-oophorectomy and
Appendectomy
Northside Hospital
Atlanta, Georgia

5/13/93 Discussion on Quadruplet
Pregnancies (Invited Guest)
Department of OB/GYN
Mary Black Hospital
Spartanburg, SC

10/18/94
10/23/94 AAGL 23rd Annual Meeting
The International Congress of
Gynecologic Endoscopy
Minimally Invasive Techniques
For The Fertility Surgeon
New York, New York

2/01/95 The American Institute of
Ultrasound in Medicine
Fetal Echocardiography
Baltimore, Maryland

5/25/95
5/28/95 The Thegos Society 30th Annual
Meeting
The Medical University of South
Carolina
Myrtle Beach, South Carolina

9/07/95
9/10/95 South Carolina Obstetrical and
Gynecological Society
49th Annual Meeting
Operative Hysteroscopy and
Endometrial Ablation (Invited
Speaker)
Myrtle Beach, South Carolina

10/11/95
10/14/95 Contemporary Forums
The World Symposium of

Perinatal Medicine
Washington, D.C.

CURRICULUM VITAE
Alexander R. Smythe, II, M.D.

POSITIONS HELD:

Madigan Army Medical Center
Chief Obstetrical Service- 1980-82
Director Maternal Fetal Medicine- 1981-82

Richland Memorial Hospital
Assistant Professor
OB-GYN Director Maternal-Fetal Medicine
1982-85

Baptist Medical Center
Vice-Chairman Department OB-GYN- 1988-90
Chairman Department OB-GYN 1991-93

Mary Black Hospital Spartanburg, South Carolina, Consultant Maternal-Fetal Medicine- 1988-95

CURRICULUM VITAE
Janet Davis Larson, M.D., F.A.C.O.G.
Maternal-Fetal Medicine Specialist

Janet D. Larson, MD

Office Address:
W.G. Watson Women's Center
1348 Walton Way, Suite 5500
Augusta, Georgia 30903
706-724-2148

PERSONAL:

Home Address:	1659 Huntsman Drive Aiken, SC 29803
Home Phone:	803-642-3227
Cell Phone:	706-513-3032
Email Address:	jdlarson@bellsouth.net
Place of Birth:	Stuttgart, Bad-Constatt, Germany
Date of Birth:	July 22, 1957
Race:	Caucasian
Family:	Husband – Kyle Richard Larson Children: Christopher James Lyons – 06/03/1980 Cathryn Rebecca Lyons – 01/28/1983 Cassia Rachel Larson – 11/08/1997 Haydon Richard Larson – 10/04/2000 Samantha Ruth Larson – 10/04/2000
Hobbies:	Karate, World Tang So Do, Blue belt Horseback riding, Dressage style Private pilot, multi-instrument rated (not current) Camping, RV

EDUCATION:

High School: 1975	Lakeshore High School College Park, Georgia
Undergraduate: 1979	Emory University Atlanta, Georgia
Graduate Medical: 1986	Medical College of Georgia Augusta, Georgia
Internship: 1987	Transitional Internship William Beaumont Army Medical Center El Paso, Texas
Residency: 1990	Obstetrics and Gynecology William Beaumont Army Medical Center El Paso, Texas
Fellowship: 1996	Maternal-Fetal Medicine University of Oklahoma College of Medicine Oklahoma City, Oklahoma

DEGREES:

1979	B.S., Biology
1986	M.D.

BOARD CERTIFICATIONS:

July 1987	American Board of Medical Examiners Certificate #326634
December 1992	American Board of Obstetrics & Gynecology Certificate # 29786
March 1999	American Board of Obstetrics & Gynecology Division of Maternal-Fetal Medicine Recertified December 2007

LICENSES:

Georgia, #030135, October 1987
South Carolina, #28666, March 2006
DEA #BL3604560, May 1992

PROFESSIONAL APPOINTMENTS:

July 1990-June 1994	Staff Obstetrician/Gynecologist Martin Army Community Hospital Fort Benning, Georgia
Augusta 1990-February 1991	Chief of Obstetrics and Gynecology Service Martin Army Community Hospital Fort Benning, Georgia
June 1996-Present	Hossam E. Fadel, MD, PC 1348 Walton Way, Suite 5500 Augusta, Georgia 30903

AWARDS:

1975	STAR Student, Lakeshore National Merit Scholar Who's Who Among American High School Students
1992	Who's Who Among Rising Young Americans
1999	Strathmore's Who's Who
2000	International Who's Who of Professionals

SCIENTIFIC AND PROFESSIONAL SOCIETIES:

American Institute of Ultrasound in Medicine
Fellow, American College of Obstetricians and Gynecologist
Fellow, Society for Maternal-Fetal Medicine
American Medical Association
Past President, Augusta Obstetrical and Gynecology Society
Georgia Obstetrical and Gynecological Society
Southern Medical Association

HOSPITAL AFFILIATIONS:

Active Staff, University Hospital, Augusta, Georgia
Assistant Clinical Professor/Courtesy Staff, Medical College of Georgia Hospital, Augusta, Georgia
Courtesy Staff, Trinity Hospital, Augusta, Georgia
Courtesy Staff, Doctor's Hospital, Augusta, Georgia
Consulting Staff, Aiken Regional Medical Center, Aiken, South Carolina

UNIVERSITY HOSPITAL COMMITTEES:

Currently: Perinatal Morbidity and Mortality Committee
Peer Review, Department of Obstetrics and Gynecology

Previously: Institutional Review Board
Medical Executive Committee
Chairman, Medical Records Committee

PUBLICATIONS OF REFREED JOURNALS:

1. Larson JD, Rayburn WF, Turnbull GL, Schwartz JE, Stanley JR, Christensen HD. Effects of intracervical prostaglandin E2 on fetal heart rate and uterine activity patterns in the presence of oligohydramnios. Am J Obstet Gynecol 1995;173:1166-70.

2. Larson JD, Rayburn WF, Crosby S, Thurnau GR. Multiple nuchal cord entanglements and intrapartum complications. Am J Obstet Gynecology 1995;173:1228-31.

3. Coleman FH, Rayburn WF, Burks LS, Farmer KC, Larson JD, Turnbull GL. Patterns of uterine activity with low-dose oxytocin begun immediately or six hours After intracervical prostaglandin E2 placement. J Repro Med 1997;42-44-8.

4. Larson JD, Rayburn FD, Harlan VL. Nuchal cord entanglements and gestational age. American Journal of Perinatology. 1997;14:557-9.

5. Larson JD, Patatanian E, Miner PB, Rayburn WF, Robinson MG. Double-blind, placebo controlled study of ranitidine (Zantac) for gastroesophageal reflux symptoms during pregnancy. Obstetrics and Gynecology. 1997;90:83-7.

BOOK CHAPTER:

Larson, JD, Rayburn WF. Hyperemesis gravidarum. Current Therapy in Obstetrics and Gynecology #5, Quilligan EJ, Zuspan F (eds). 1998.

PUBLICATION IN NON-REFEREED JOURNAL:

Gastroesophageal reflux in pregnancy: a role for medications? Contemporary OB/GYN, August, 1996.

ABSTRACTS:

1. Larson JD, Johnson SF, Tassone SA, Thurnau GR. Placental histology in pregnancies complicated by unexplained abnormal MSAFP. Submitted for the Society for Gynecologic Investigation meeting, March 1996.

2. Larson JD, Rayburn WF, Crosby S. Nuchal cord enganglements and gestation age. Submitted for the Society for Perinatal Obstetricians meeting, February 1996.

IRB APPROVED RESEARCH:

1. Double-blind, placebo controlled study of ranitidine (Zantac) for the treatment of gastroesophageal reflux symptoms during pregnancy.

2. Confined placental mosaicism in pregnancies complicated by unexplained abnormal maternal serum alpha-fetoprotein.

3. A trial of labor in women who have had one previous low segment transverse cesarean section: Comparison of Prepidil gel to expectant management.

May 2010

CURRICULUM VITAE
JOHN M. THORP, JR., M.D.

Personal Information

Name	John M. Thorp, Jr., M.D.
	Department of Obstetrics and Gynecology 3027 Old Clinic Building CB # 7570 Chapel Hill, NC 27599-7570
Telephone	(919) 843 7852
Fax	(919) 966-6001
E-mail	thorp@med.unc.edu

Education

Master's	Duke University School of Medicine Master of Health Sciences in Clinical Leadership	2009
Fellowship	University of North Carolina School of Medicine Chapel Hill, North Carolina Fellowship in Maternal-Fetal Medicine Fellowship Director: J.W. Seeds	1987 – 1989
Residency	University of North Carolina School of Medicine Chapel Hill, North Carolina Residency in Obstetrics & Gynecology Program Director: W.C. Fowler	1983 – 1987
Medical School	East Carolina University Medical School, M.D. Greenville, North Carolina	1979-1983
College	University of North Carolina at Chapel Hill B.A. Zoology	1975-1979

Certification:

Board Certification	Obstetrics and Gynecology	1991-annually to present
Sub-Specialty	Maternal-Fetal Medicine	1992-annually to present

Professional Experience

Division Director	Women's Primary Healthcare	2006-present
Program Director	Women's Reproductive Health Research Scholars Program	2006 - present
Research Core Co-Director	Women's Reproductive Health Research Scholars Program	2006 - present
Interim Director	Center for Women's Health Research Cecil G. Sheps Center For Health Services Research Department of Epidemiology School of Public Health Department of Obstetrics & Gynecology School of Medicine University North Carolina-Chapel Hill	2006 – present
Professor	Department of Maternal and Child Health School of Public Health University of North Carolina, Chapel Hill, NC	2005 - present
Adjunct Professor	Department of Epidemiology School of Public Health University of North Carolina, Chapel Hill, NC	2004- present
Director	Biomedical Core Carolina Population Center University of North Carolina, Chapel Hill, NC	2004-present
Deputy Director	Center for Women's Health Research Cecil G. Sheps Center For Health Services Research Department of Epidemiology School of Public Health Department of Obstetrics & Gynecology School of Medicine University North Carolina-Chapel Hill	2004-present
Adjunct Professor	Department of Epidemiology School of Public Health and Tropical Medicine Tulane University	2003-present
Fellow	Carolina Population Center University of North Carolina, Chapel Hill, NC	2003-present
Hugh McAllister Distinguished	Department of Obstetrics and Gynecology School of Medicine	2001-present

Professor Ob & Gyn	University of North Carolina, Chapel Hill, NC	
Professor	Department of Obstetrics and Gynecology School of Medicine University of North Carolina, Chapel Hill, NC	2000-present
Co-Director	North Carolina Program for Women's Health Research, Cecil G. Sheps Center For Health Services Research Department of Epidemiology School of Public Health Department of Obstetrics & Gynecology School of Medicine University North Carolina-Chapel Hill	1999-2004
Senior Research Fellow	Cecil G. Sheps Center for Health Services Research University of North Carolina, Chapel Hill, NC	1999-present
Co-Director	Institute Generalist Physician School of Medicine University North Carolina-Chapel Hill	1999-2000
Adjunct Associate Professor	Department of Epidemiology School of Public Health University of North Carolina, Chapel Hill, NC	1999 - 2004
Associate Professor	Division of Maternal-Fetal Medicine Department of Obstetrics and Gynecology School of Medicine University of North Carolina, Chapel Hill, NC	1995-2000
Associate Chair	Department of Obstetrics and Gynecology School of Medicine University of North Carolina, Chapel Hill, NC	1995-1999
Medical Director	HORIZONS Perinatal Substance Abuse Program School of Medicine University North Carolina-Chapel Hill	1993-present
Assistant Professor	Division of Maternal-Fetal Medicine Department of Obstetrics and Gynecology School of Medicine University of North Carolina, Chapel Hill, NC	1990-1995
Clinical Assistant Professor	Division of Maternal-Fetal Medicine Department of Obstetrics and Gynecology School of Medicine University of North Carolina, Chapel Hill, NC	1989-1990

Honors

University of Rochester School of Medicine Teaching Fellow	2010
Golden Tar Heel Medical Student Teaching Award	2005, 2006
Robert C. Cefalo Excellence in Teaching Professors Award	2004-2005
Hugh McAllister Distinguished Professorship in Obstetrics and Gynecology	2002
Professor Teaching Award Department of Obstetrics & Gynecology School of Medicine University North Carolina-Chapel Hill	1993, 2000
Perinatal Health Model of Excellence North Carolina Department of Health and Human Services in Conjunction with the March of Dimes	1999
North Carolina Division of Mental Health Developmental Disabilities and Substance Abuse Services Recognition Award for Outstanding Service to Women and Children	1999
APGO/CREOG Departmental Teaching Award Department of Obstetrics & Gynecology School of Medicine University North Carolina-Chapel Hill	1992, 1995
Junior Faculty Teaching Award Department of Obstetrics & Gynecology School of Medicine University North Carolina-Chapel Hill	1990, 1992, 1995
Family Medicine Teaching Award Department of Family Practice School of Medicine University North Carolina-Chapel Hill	1989
American Journal of Obstetrics & Gynecology One of the top 100 reviewers for the academic year	2006-2007

Memberships

Fellow, American Gynecological and Obstetrical Society	2004 - present

Vice President, Southern OBG Seminar	2003-present
Southern Obstetrics & Gynecologic Seminar	1994-present
South Atlantic Association of Obstetrics and Gynecology	1994-present
Society for Gynecologic Investigation	1993-present
Association of Professors of Gynecology and Obstetrics	1993-present
Society for Maternal-Fetal Medicine	1984- present
American College of Obstetricians Gynecologists	1983-present

Administrative Accomplishments

Four of six clinicians in Women's Primary Care Division were cited for excellence in graduate and postgraduate medical education	2005
Four of seven clinicians in Women's Primary Care Division were cited for excellence in resident Medical education	

Bibliography

Book Chapters

1. **Thorp, JM** , Cefalo RC. Role of perinatal factors in brain disorders. In *Precis IV.* Visscher HC (ed), ACOG, 79-166, 1990.
2. **Thorp JM** Listeriosis: a treatable cause of intrapartum fever. In *Clinical Decisions in Obstetrics and Gynecology*. Cefalo RC (ed). Rockville, MD: Aspen Publishers, 48-9, 1990.
3. **Thorp JM** , Herbert WNP. Pancreatitis in pregnancy. In *Clinical Decisions in Obstetrics and Gynecology*. Cefalo RC (ed). Rockville, MD: Aspen Publishers, 60-2, 1990.
4. **Thorp JM** Maternal-fetal physiologic interactions in the critically ill pregnant patient. *Critical Care Obstetrics* 2/E:102-11, May 1990.
5. **Thorp JM** Third trimester bleeding. In *Gynecology and Obstetrics*: an integrated approach. Moore T, Reiter RC, Rebar RW, Baker VV (eds). New York: Churchill Livingstone, 479-85, 1993.
6. **Thorp JM** Pasteur, Charles. In *Dictionary of North Carolina biography.* Powell WS (ed). U of North Carolina P. Vol 5: p28, 1994.

7. **Thorp JM** Pasteur, Thomas. In *Dictionary of North Carolina Biography.* Powell WS (ed). U of North Carolina P. Vol 5: p28, 1994.

8. **Thorp JM** Pasteur, William. In *Dictionary of North Carolina Biography.* Powell WS (ed). U of North Carolina P. Vol 5: p28, 1994.

9. **Thorp, JM** Management of Drug Dependency, Overdose, and Withdrawal in the Obstetrical Patient. *Obstetrics and Gynecology Clinics of North America,* Accepted 7/94, 14 pages.

10. **Thorp JM**, Episiotomy, Clinical Management of Labor, *Churchill Livingstone*, Accepted, 11/94, 20 pages.

11. **Thorp JM** Episiotomy. in Intrapartum Obstetrics, John T. Repke, MD (ed). Churchill Livingstone: New York, 1995.

12. **Thorp, JM**, Prenatal Diagnosis and Therapy. in New Issues in Medical Ethics, Jay Hollman, MD (ed). Christian Medical and Dental Society, Bristol, TN, 1995.

13. Feilder M, **Thorp JM** Radiologic Examinations During Pregnancy. In Drug Therapy in Pregnancy, Third Edition. Jerome Yankowitz & Jennifer R. Niebyl (eds.). Lippincott Williams & Wilkins: Philadelphia PA, 2001.

14. Gwyther RE, **Thorp JM**. Substance Abuse. Netter's Internal Medicine. Marschall Runge & M. Andrew Greganti (eds.). Icon Learning Systems: Teterboro, NJ, 2003.

15. Wilson JK, **Thorp JM**. Substance Abuse in Pregnancy. Clinical Obstetrics, Volume 2, Chapter 33.

16. **Thorp JM**. Clinical Aspects of Normal and Abnormal Labor. Maternal-Fetal Medicine; Principles and Practice, sixth edition, Chapter 36. Robert Creasy and Robert Resnik (eds.): The Curtis Center, Philadelphia, PA, 2007.

17. Garbutt JE, Gwyther RE, **Thorp JM**. Alcohol and Substance Dependence and Abuse. Netter's Internal Medicine 2nd Edition. Marschall S. Runge & M. Andrew Greganti (eds.). Saunders Elsevier, Philadelphia PA, 2009.

18. **Thorp JM Jr**. Chapter 36: Clinical Aspects of Normal and Abnormal Labor. In: Creasy & Resnick's Maternal-Fetal Medicine: Principles and Practice. Sixth Edition. (Robert K. Creasy, Robert Resnik, Jan D. Iams, Charles J. Lockwood, Thomas R. Moore Eds.) Saunders Elsevier, Philadelphia PA, 2009, pp.691-725.

Journal Refereeing

Reviewer	*Journal of Developmental Origins of Health and Disease*
Reviewer	*The Journal of Obstetrics and Gynaecology Research*
Reviewer	*Obstetrics and Gynecology International*
Reviewer	*Human Reproduction*

Reviewer	*British Journal of Obstetrics and Gynaecology*
Reviewer	*American Family Physician*
Reviewer	*Mayo Clinic Proceedings*
Reviewer	*Journal of the American Women's Association*
Reviewer	*International Journal of Psychophysiology*
Reviewer	*Journal of the American Medical Association*
Reviewer	*New England Journal of Medicine*
Reviewer	*Clinical Anesthesia*
Reviewer	*Preventive Medicine*
Reviewer	*Journal of Maternal-Fetal Medicine*
Reviewer	*Primary Care Field Reviewer's Guide to Substance Abuse Service for Primary Care Clinicians*
Reviewer	*Paediatric and Perinatal Epidemiology*
Reviewer	*American Journal of Perinatology*
Reviewer	*Obstetrics and Gynecology*
Reviewer	*American Journal of Obstetrics and Gynecology*
Reviewer	*Journal of Pediatrics*
Reviewer	*Journal of Perinatal Medicine*
Reviewer	*Journal of Perinatology*
Reviewer	*Reproductive Toxicology*
Reviewer	*Southern Medical Journal*
Reviewer	*International Urogynecology Journal*
Reviewer	*Medscape Women's Health*
Reviewer	*Evidence-Based Preventive Medicine*
Reviewer	*JAMA- Archives of General Psychiatry*
Reviewer	*OB/GYN Management*
Reviewer	*American Family Physician*
Reviewer	*Nature Clinical Practice Endocrinology & Metabolism*
Reviewer	*The Lancet*
Reviewer	*Journal of Psychiatric Research*
Reviewer	*Early Human Development*
Reviewer	*Canadian Medical Association Journal*
Reviewer	*Scientific proposals for AHA*

Editorial Board

Obstetric and Gynecological Survey	1995-present
British Journal of Obstetrics and Gynaecology	2006-present

Abstracts and presentations:

1. Siega-Riz AM, Savitz DA, **Thorp J**, Bodnar LM. Supplementation use preconceptionally and during pregnancy: does it decrease the risk of preterm births? Poster presentation at the Annual Meeting of the American Public Health Association, Washington, DC, 1998.
2. Siega-Riz AM, Savitz DA, **Thorp JM Jr**, Herrmann T. Meal patterning during pregnancy and its association with preterm births. Oral presentation at the Annual Meeting of the American Public Health Association, Washington, DC, 1998.

3. West S, Yawn B, **Thorp JM**, Korhonen M, Savitz D, Guess H. The efficacy of tocolytic therapy for preterm labor. Presented at the Society for Gynecologic Investigation Annual meeting, Atlanta GA, March, 1999.

4. Saacks C, Wells E, **Thorp JM**. The effects of parturition on immediate puerperal bladder function. To be presented at the Society for Gynecologic Investigation Annual Meeting, Atlanta GA, March, 1999.

5. Pastore LM, Hulka B, **Thorp JM**, Wells E, Kuller J. Postmenopausal vaginal symptoms in relation to douching and smoking. Presented at the Society for Epidemiologic Research Annual Meeting, Baltimore MD, June, 1999.

6. Sayle AE, Savitz DA, **Thorp JM**, Hertz-Picciotto I, Wilcox AJ. Sexual activity during late pregnancy and preterm delivery. Oral presentation at the Annual Meeting of the Society for Pediatric and Perinatal Epidemiologic Research, Baltimore MD, June, 1999.

7. Savitz D, Dole N, Henderson L, **Thorp JM**. Socioeconomic status, race, and pregnancy outcome. Presented at the Society for Epidemiologic Research Annual Meeting, Baltimore MD, June, 1999. Am J Epidemiol 1999;149:S28 (Abstract #111).

8. Forna F, Hartmann KE, Savitz D, **Thorp J**, Buekens P. Early pregnancy bleeding and risk to preterm birth. Poster presentation at the Student National Medical Associatio9n Annual Conference (Second place Clinical Research Award), April, 1999.

9. Herrmann TS, Seiga-Riz AM, Savitz DA, **Thorp JM**. Association between prolonged periods of time without food during pregnancy and preterm birth. Poster presentation at the Society for Pediatric and Perinatal Epidemiologic Research 12th Annual Meeting, Baltimore MD, June 1999.

10. Pastore LM, Hartmann KE, **Thorp JM**, Royce RA, Savitz DA, Jackson TP. Bacterial vaginosis and cervical dilation and effacement at 24-29 weeks' gestation. Poster presentation at The Society for Pediatric and Perinatal Epidemiologic Research 12th Annual Meeting, Baltimore MD, June 1999.

11. Dole N, Savitz D, Hertz-Picciotto I, **Thorp JM**. Stress, social support and pregnancy outcome. Oral presentation at the Society for Pediatric and Perinatal Epidemiologic Research 12th Annual Meeting, Baltimore MD, June, 1999.

12. Pastore LM, **Thorp JM**, Royce RA, Savitz DA, Jackson TP. BV PIN Points: Clinical risk scoring system for antenatal bacterial vaginosis. Annual Meeting of the Society for Maternal-Fetal Medicine, San Francisco, CA, January 1999, and oral presentation at The Society of Perinatal Epidemiologic Research, Baltimore MD, June, 1999.

13. Savitz DA, Runkle ND, **Thorp JM**. Smoking and preterm birth: Evaluation of timing, dose, and etiologic pathway. Poster presentation at the International Scientific Meeting of the International Epidemiological Association, Florence, Italy, August, 1999.

14. **Thorp JM**, Berkman ND, Gavin NI, Hasselblad V, Lohr KN, Hartmann KE. Antibiotics for treatment of preterm labor—review and meta-analysis. Presented at ACOG Annual Meeting, October, 1999.

15. **Thorp JM**, Berkman ND, Gavin NI, Hasselblad V, Lohr KN, Hartmann KE. Maintenance tocolysis for treatment of preterm labor—review of the evidence and meta-analysis. Presented at ACOG Annual Meeting, October, 1999.

16. **Thorp JM**, Hartmann KE, Berkman ND, Lohr KN. Fetal fibronectin and endovaginal ultrasound in the management of preterm labor—a review of the evidence. Presented at ACOG Annual Meeting, October, 1999.

17. McPheeters M, **Thorp JM**, Gavin NI, Hasselblad V, Berkman ND, Lohr KN, Hartmann KE. Hone uterine activity monitoring in the care of preterm labor – a review of the evidence. Presented at ACOG Annual Meeting, October, 1999.

18. **Thorp JM**, Berkman ND, Gavin NI, Lohr KN, Hartmann KE. Acute tocolysis for treatment of preterm labor – review of the evidence and meta-analysis. Submitted to ACOG, October, 1999.

19. McMahon MJ, **Thorp JM**, Savitz DA, Bagchee R. Risk factors for preterm birth. Presented at the Society for Maternal-Fetal Medicine, January, 2000.

20. Strauss RA, Royce RA, Sanasuttipun W, Eucker B, **Thorp JM**. Diagnosis of bacterial vaginosis from self-obtained vaginal swabs. Poster presentation. Poster presentation at the Annual meeting of the Society for Gynecologic Investigation. Chicago IL, March 25, 2000. *J Soc Gynecol Invest* 2000; 7(1) suppl (abstract #840).

21. Pastore LM, Wells E, **Thorp JM**, Kuller J, Hulka BS. Bacterial vaginosis in postmenopausal women: prevalence, symptoms and diagnostic implications. Presented at 21st Annual Meeting of the Southern Gerontological Society, Raleigh NC, April, 2000.

22. Savitz D, Wilkins D, Rollins D, **Thorp JM**, Henderson L, Dole N. Hair as an indicator of cocaine use during pregnancy and risk of preterm birth. Poster presentation at the Annual Meeting of the Society for Epidemiologic Research, June 2000, Seattle WA. Am J Epidemiol 2000;151:S7 (abstract #25).

23. Gavin NI, **Thorp JM**. Medical care costs associated with postmenopausal hormone replacement therapy. Accepted for poster presentation at the World Congress on Osteoporosis 2000. Chicago, IL, June 15-18, 2000.

24. Pastore LM, Wells E, **Thorp JM**, Kuller J, Hulka BS. Bacterial vaginosis in postmenopausal women: prevalence, symptoms and diagnostic implications. Poster presentation at the Southern Gerontological Society, April, 2000.

25. Pastore LM, **Thorp JM**, Dawson IJ. Public health clinic use of antenatal bacterial vaginosis risk score. Accepted for poster presentation to International Federation of Gynecology and Obstetrics XVI World Congress Conference, Washington DC, September, 2000.

26. Saldana TM, Seiga-Riz AM, Adair LS, Savitz DA, **Thorp JM**. Women with impaired glucose status during pregnancy have heavier babies. Poster presentation at the Annual Meeting of the Society for Pediatric and Perinatal Epidemiologic Research, Toronto, CAN, June 2001.

27. Saldana TM, Siega-Riz AM, Adair LS, Savitz DA, **Thorp JM**. The association between impaired glucose tolerance and birth weight among black and white women in central North Carolina. Poster presentation at the Annual Meeting of the Society for Pediatric and Perinatal Epidemiological Research, Toronto, CAN, June, 2001.

28. Siega-Riz AM, Savitz DA, **Thorp JM Jr**, Zeisel S. Is there an association between maternal folate status in the second trimester and preterm birth? Oral presentation at the Annual Meeting of the Society for Pediatric and Perinatal Epidemiologic Research. Toronto, CA, June 2001

29. Connolly AM, **Thorp JM**, Pahel-Short L, Copeland K. Effects of pregnancy and childbirth on postpartum sexual function. Poster presentation. American Urogynecology Society Annual Meeting, October, 2001, Chicago, IL.

30. Connolly AM, **Thorp JM**, McMahon M, Pahel-Short L, Wells E. Pregnancy, Childbirth, and Postpartum Bladder Function. Poster presentation at the American Urogynecologic Society Annual Meeting, Hilton Head Island, SC. Oct 26-28, 2000.

31. Whitecar PW, Boggess KA, McMahon MJ, **Thorp JM**, Taylor DD. Comparison of asymmetric, non-precipitating antibodies in preeclampsia to normotensive pregnant controls. Poster presentation at the Twenty-first Annual Meeting of the Society for Maternal-Fetal Medicine, February, 2001, Reno NV.

32. Savitz DA, Terry J, Dole N, **Thorp JM,** Siega-Riz AM, Herring A. Comparison of pregnancy dating by last menstrual period, ultrasound, or their combination. Poster presentation at the Annual Meeting of the Society for Pediatric and Perinatal Epidemiologic Research, June, 2001, Toronto ONT CAN

33. Seiga-Riz AM, Savitz DA, **Thorp JM,** Zeisel S. Is there an association between maternal folate status in the second trimester and preterm birth: Oral presentation at the Annual Meeting of the Society for Pediatric and Perinatal Epidemiologic Research, Toronto, CAN, June, 2001.

34. **Thorp JM**, Gavin NI, Ohsfeldt RL. Hormone replacement therapy in postmenopausal women: Utilization of Health Care Resources by New Users. Presented at the South Atlantic Association of Obstetricians & Gynecologists Annual Meeting, Hot Springs VA, January, 2001.

35. Yang J, Savitz DA, **Thorp JM**, Hartmann KE, Dole N. Predictors of vaginal bleeding in the first two trimesters of pregnancy. Poster presentation at the Annual Meeting of the Society for Epidemiologic Research, Toronto CAN, June, 2001.

36. Berkman ND, **Thorp JM**, Lohr KN, Carey TS, Hartmann KE, Gavin NI, Hasselblad V, Idicula AE. Tocolytic Treatment for the Management of Preterm Labor: A Review of the Evidence. To be presented at the South Atlantic Association of Obstetricians and Gynecologists 64th Annual Meeting, January, 2002.

37. Siega-Riz AM, Hartzema AG, Turnbull C, **Thorp JM**, McDonald T, Cogswell M. A trial of selective versus routine iron supplementation to prevent third trimester anemia during

pregnancy. Poster Presentation: Society for Maternal Fetal Medicine 2002 Annual Meeting, New Orleans, LA, January 17, 2002.

38. Balu R, **Thorp JM**, Savitz D, Heine P. Association between cervical length and markers of immune status of the cervico-genital tract during pregnancy. Presentation: Society for Maternal Fetal Medicine 2002 Annual Meeting, New Orleans, LA, January 17, 2002.

39. Balu R, Savitz D, Ananth C, **Thorp JM**, Heine P, Eucker B. Bacterial vaginosis and vaginal fluid defensins during pregnancy. Poster Presentation: Society for Maternal Fetal Medicine 2002 Annual Meeting, New Orleans, LA, January 17, 2002.

40. Balu R, Savitz D, Ananth C, **Thorp JM**, Heine P, Eucker B. Bacterial vaginosis, vaginal fluid defensins and preterm birth in a cohort of North Carolina women. Poster Presentation: Society for Maternal Fetal Medicine 2002 Annual Meeting, New Orleans, LA, January 17, 2002.

41. Balu R, **Thorp JM**, Savitz D, McMahon M, Hartmann K, Eucker B. Cervical length and the etiologic heterogeneity of preterm birth. Presentation: Society for Maternal Fetal Medicine 2002 Annual Meeting, New Orleans, LA, January 17, 2002.

42. Savitz D, Terry JW, Dole N, **Thorp JM**, Siega-Riz AM, Herring AH. Comparison of pregnancy dating by last menstrual period, ultrasound, or their combination. Poster Presentation: Society for Maternal Fetal Medicine 2002 Annual Meeting, New Orleans, LA, January 17, 2002.

43. Malizia B, **Thorp JM**, Siega-Riz AM, Savitz D, Hartmann K, Eucker B. Identification of perinatal substance use in clinical care. Poster Presentation: Society for Maternal Fetal Medicine 2002 Annual Meeting, New Orleans, LA, January 17, 2002.

44. Siega-Riz AM, Savitz D, **Thorp JM**, Zeisel S, Hartmann K, Eucker B. Is there an association between maternal folate status in the second trimester and preterm birth? Presentation: Society for Maternal Fetal Medicine 2002 Annual Meeting, New Orleans, LA, January 17, 2002.

45. Dole N, Savitz D, Siega-Riz AM, McMahon M, **Thorp JM**, Eucker B. Psychosocial factors and preterm birth among African-American and white women in central North Carolina. Poster Presentation: Society for Maternal Fetal Medicine 2002 Annual Meeting, New Orleans, LA, January 17, 2002.

46. Siega-Riz AM, Promislow J, Savitz D, **Thorp JM**, Hartmann K, Eucker B. Vitamin C intake and the risk of preterm birth. Poster Presentation: Society for Maternal Fetal Medicine 2002 Annual Meeting, New Orleans, LA. January 17, 2002.

47. Evenson KR, Siega-Riz AM, Savitz DA, Leiferman JA, and **Thorp JM**. Vigorous leisure activity and pregnancy outcome: The Pregnancy, Infection, and Nutrition Study. Poster at the American College of Sports Medicine meeting in St. Louis, MO, May 31, 2002. Abstract in Med Sci Sport Exercise. 2002;34(5) Supplement.

48. Pompeii LA, Savitz DA, Evenson KR, Loomis D, Rogers B, **Thorp JM**. Cessation of employment and the risk of preterm delivery and small-for-gestational age birth. Third International Congress of Women, Work, and Health. Stockholm Sweden, June, 2002.

49. Savitz DA, Dole N, Herring AH, Kaczor DA, Murphy J, Siega-Riz AM, **Thorp JM Jr**. Risk factor profile of spontaneous and medically indicated preterm births. Poster presentation at the Annual Meeting of the Society for Pediatric and Perinatal Epidemiologic Research, Palm Desert CA, June, 2002.

50. Vahratian A, Siega-Riz AM, Savitz DA, **Thorp JM Jr**. Multivitamin use and the risk of preterm birth. Poster presentation at the Annual Meeting of the Society for Pediatric and Perinatal Epidemiologic Research, Palm Desert CA, June, 2002.

51. Murphy J, Dole N, Savitz DA, Herring A, Kaczor D, Siega-Riz AM, **Thorp JM**. Perinatal factors associated with both intermediate and positive bacterial vaginosis in pregnancy. Poster presentation at the 23rd Annual Meeting of the Society of Maternal-Fetal Medicine, San Francisco CA, February, 2003.

52. Murphy J, Dole N, Savitz DA, Herring A, Kaczor D, Benson A, Siega-Riz AM, **Thorp JM**. Decision to delivery in preterm preeclampsia: Maternal or fetal indications. Poster presentation at the 23rd Annual Meeting of the Society of Maternal-Fetal Medicine, San Francisco CA, February, 2003.

53. Savitz DA, Kaufman JS, Dole N, Siega-Riz AM, **Thorp JM Jr**, Kaczor DT. Poverty, education, race, and pregnancy outcome. Poster presentation at the Annual Population Association of America Meeting, Minneapolis MN, May, 2003.

54. Vahratian A, Zhang J, Hasling J, Troendle J, Klebanoff M, **Thorp JM**. Early Analgesia and Labor. Poster Presentation: Society for Pediatric and Perinatal Epidemiologic Research, Atlanta, Ga, June 10-11, 2003.

55. Yang J, Savitz DA, Dole N, Hartmann KE, Herring AH, Olshan AF, Thorp JM Jr. Predictors of vaginal bleeding during pregnancy/ poster presentation at the Annual Meeting of the Society for Pediatric and Perinatal Epidemiological Research, Atlanta GA, June, 2003.

56. Salafia C, **Thorp JM**, Maas E, Eucker B, Smith F, Savitz D. Umbilical cord insertion and timing of delivery: 3 measures of relative umbilical cord insertion account for 29% of gestational age variance. Presentation: Society for Maternal-Fetal Medicine 2004 Annual Meeting, New Orleans, LA, February 4, 2004.

57. Salafia C, **Thorp JM**, Maas E, Eucker B, Smith F, Savitz D. Measures of Relative Umbilical Cord Insertion Account for 26% of Birthweight Variance. Presentation: Society for Maternal-Fetal Medicine 2004 Annual Meeting, New Orleans LA, February 4, 2004.

58. Salafia C, Maas E, **Thorp JM**, Eucker B, Smith F, Savitz D. Chorionic Plate Measures Account for 39% of Birthweight Variance. Presentation: Society for Maternal-Fetal Medicine 2004 Annual Meeting, New Orleans LA, February 4, 2004.

59. Salafia C, Mass E, **Thorp JM**, Eucker B, Smith F, Savitz D. Measures of Chorionic Plate area Account for 45% of Gestational Age Variance. Presentation: Society for Maternal-Fetal Medicine 2004 Annual Meeting, New Orleans, LA, February 4, 2004.

60. Vahratian A, Zhang J, Hasling J, Troendle J, Klebanoff M, **Thorp JM**. Effects of Early Epidural Analgesia vs IV Analgesia on Labor Progression: A Natural Experiment. Presentation: Society for Maternal-Fetal Medicine 2004 Annual Meeting, New Orleans, LA, February 4, 2004.

61. Vahratian A, Zhang J, Troendle J, Siega-Riz AM, Savitz D, **Thorp JM**. Maternal obesity and labor progression in nulliparous Women. Poster presentation at the Annual Meeting of the Society for Maternal-Fetal Medicine. New Orleans, LA, February 4, 2004. Am J Obstet Gynecol 2003;189(6 Suppl1):S202.

62. Savitz DA, Dole N, Siega-Riz AM, Kaczor DA, Kaufman J, Herring AH, **Thorp JM**. Probability samples or clinic populations to study pregnancy and children's health? Contrasting approaches of demography and epidemiology. Oral presentation at the Annual population Association of America Meeting, Boston, MA, April, 2004.

63. Fogleman K, Herring A, Jo H, Pusek S, **Thorp JM**. Factors that influence the timing of spontaneous labor at term. Annual Clinical Meeting, Philadelphia PA, May, 2004.

64. Dole N, Herring AH, Savitz DA, **Thorp JM**. Corticotropin-releasing hormone (CRH) perceived stress, and preterm birth. Poster presentation at the Annual Meeting of the Society for Pediatric and Perinatal Epidemiological Research, Salt Lake City UT, June, 2004.

65. Herring Ah, Liao X, Savitz DA, Dole N, Evenson K, Thorp JM. Time-varying coefficient models for preterm birth. Oral presentation at the Annual Meeting of the Society for Pediatric and Perinatal Epidemiological Research, Salt Lake City UT, June, 2004.

66. Harville E, Savitz Da, Dole N, **Thorp JM**, Predictors of placenta resistance. Oral presentation at the Annual Meeting of the Society for Epidemiologic Research. Salt Lake City UT, June, 2004.

67. Harville E, Dole N, **Thorp JM**, Savitz DA. Diurnal patterns of cortisol. Poster presentation at the Annual Meeting of the Society for Epidemiologic Research, Toronto CAN, June 2005.

68. Siega-Riz AM, Savitz DA, Kaczor D, Herring A, **Thorp J**. Serum transferring receptor and preterm birth. Oral presentation at the Annual Meeting of the Society for Pediatric and Perinatal Epidemiological Research, Toronto, CAN, June, 2005.

69. Harville E, Dole N. **Thorp JM**, Savitz DA. Stress and uterine dopplers. Poster presentation at the Annual Meeting of the Society for Pediatric and Perinatal Epidemiology, Toronto CAN, June, 2005.

70. Harville E, Dole N, Savitz DA, Herring AH, **Thorp J**. Stress questionnaires and stress biomarkers during pregnancy: Do they measure the same thing? Poster presentation at the 19th Annual Meeting of the Society for Pediatric and Perinatal Epidemiologic Research, Seattle WA, June, 2006.

71. Salafia CM, Pezzullo JC, **Thorp JM**, Eucker B. Pijnenborg R, Savitz DA. Basal plate uteroplacental vasculature in a birth cohort: measurement methods and analyses.

Poster presented at 19th Annual Meeting of the Society for Pediatric and Perinatal Epidemiologic Research, Seattle WA, June, 2006.

72. Siega-Riz AM, Howard DL, Savitz DA, **Thorp J**. The association between dyslipidemia and preterm delivery. Oral presentation at the 19th Annual Meeting of the Society for Pediatric and Perinatal Epidemiologic Research, Seattle, WA, June, 2006.

73. Rouse, Dwight and the MFMU Network: A randomized controlled trial of magnesium sulfate for the prevention of cerebral palsy. Abstract #1. Plenary Session 1 at the 28th Annual Meeting of the Society for Maternal Fetal Medicine, Dallas TX, January 28, 2008.

74. Chireau M, Crosslin D, Hauser E, Olshan A, Zheng S, Salafia C, Thorp J. Endothelial function gene polymorphisms are associated with pregnancy outcomes, indepent of placental vascular disease. (Abstract #668). Poster presentation at the 29th Annual Meeting of the Society for Maternal Fetal Medicine, Dallas TX, January 29, 2008.

75. Rouse, D for the NICHD MFMU Network. A Randomized controlled trial of magnesium sulfate for the prevention of cerebral palsy. Presented at the 28th Annual Meeting of the Society for Maternal-Fetal Medicine, Dallas, TX, February 2008.

76. Tita, A for the NICHD MFMU Network. The MFMU Cesarean Registry: Impact of gestational age at elective repeat cesarean on neonatal outcomes. Presented at the 28th Annual Meeting of the Society for Maternal-Fetal Medicine, Dallas, TX, February 2008.

77. Harper, M for the NICHD MFMU Network. A Randomized controlled trial of Omega-3 fatty acid supplementation for recurrent preterm birth prevention. Presented at the 28th Annual Meeting of the Society for Maternal-Fetal Medicine, Dallas, TX, February 2008.

78. Mertz, H for the NICHD MFMU Network. Placental eNOS in multiple and single dose bethamethasone exposed pregnancies. Presented at the 28th Annual Meeting of the Society for Maternal-Fetal Medicine, Dallas, TX, February 2008.

79. Bakhshi, T for the NICHD MFMU Network. Maternal and neonatal outcomes of repeat cesarean delivery in women with a prior classical versus low transverse uterine incision. Presented at the 28th Annual Meeting of the Society for Maternal-Fetal Medicine, Dallas, TX, February 2008.

80. Rouse, D for the NICHD MFMU Network. When should labor induction be discontinued in the latent phase? Presented at the 28th Annual Meeting of the Society for Maternal-Fetal Medicine, Dallas, TX, February 2008.

81. Varner, M for the NICHD MFMU Network. Can fetal oxygen saturation identify chorioamnionitis? Presented at the 28th Annual Meeting of the Society for Maternal-Fetal Medicine, Dallas, TX, February 2008.

82. Contag, S for the NICHD MFMU Network. Operative vaginal delivery versus cesarean delivery in the second stage of labor. Presented at the 28th Annual Meeting of the Society for Maternal-Fetal Medicine, Dallas, TX, February 2008.

83. Rogers, B for the NICHD MFMU Network. Placental pathology associated with the factor V leiden mutation. Presented at the 28th Annual Meeting of the Society for Maternal-Fetal Medicine, Dallas, TX, February 2008.

84. Aagard-Tillery, K for the NICHD MFMU Network. Hazardous air pollutants and risk of adverse pregnancy outcomes. Presented at the 28th Annual Meeting of the Society for Maternal-Fetal Medicine, Dallas, TX, February 2008.

85. Joy, S for the NICHD MFMU Network. Latency and infectious complications following preterm premature rupture of the membranes: Impact of body mass index. Presented at the 28th Annual Meeting of the Society for Maternal-Fetal Medicine, Dallas, TX, February 2008.

86. Sciscione, A for the NICHD MFMU Network. Perinatal outcomes in women with twin gestations who conceived spontaneously versus by assisted reproductive techniques. Presented at the 28th Annual Meeting of the Society for Maternal-Fetal Medicine, Dallas, TX, February 2008.

87. Caritis, S for the NICHD MFMU Network. Relationship of 17? Hydroxyprogesterone Caproate (17-OHPC) Concentrations and Gestational Age at Delivery in Twins. Presented at the 55th Annual Scientific Meeting for Society of Gynecologic Investigation, San Diego, CA, March 2008.

88. Caritis, S for the NICHD MFMU Network. Impact of Body Mass Index (BMI) on Plasma Concentrations of 17 ? Hydroxyprogesterone Caproate (17-OHPC). Presented at the 55th Annual Scientific Meeting for Society of Gynecologic Investigation, San Diego, CA, March 2008.

89. Simhan, H for the NICHD MFMU Network. The Effect of 17-alpha Hydroxyprogesterone Caproate (17-OHPC) on Maternal Plasma CRP Levels in Twin Pregnancies. Presented at the 55th Annual Scientific Meeting for Society of Gynecologic Investigation, San Diego, CA, March 2008.

90. Cormier, C for the NICHD MFMU Network. Relationship between Severity of Maternal Diabetes and VBAC Success in Women Undergoing Trial of Labor. Presented at the 55th Annual Scientific Meeting for Society of Gynecologic Investigation, San Diego, CA, March 2008.

91. Rouse D, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. Magnesium sulfate (MgSO4) dose and timing, and umbilical cord Mg++ concentration: Relationship to cerebral palsy (CP) Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

92. Mercer B, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. Fetal thyroid function and neuro-developmental outcomes. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

93. Roberts JM, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. A randomized controlled trial of antioxidant vitamins to prevent serious preeclampsia-associated morbidity. Presented at

the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

94. Rouse D, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. Second stage labor duration: Relationship to maternal and perinatal outcomes. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

95. Silver R, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. Prothrombin gene G20210a mutation and obstetric complications: A propsective cohort. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

96. Manuck T, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. Do antiphospholipid antibodies affect pregnancy outcomes in women heterozygous for factor v leiden? Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

97. Landon MB, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. A prospective multicenter randomized treatment trial of mild gestational diabetes (GDM). Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

98. Harper M, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. Effect of omega-3 supplementation on plasma fatty acid levels. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

99. Harper M, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, Maryland. Cytokine gene single nucleotide polymorphisms (SNPS) and length of gestation. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

100. Hickman A, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. The MFMU cesarean registry: Risk of rupture in women attempting VBAC with an unknown uterine scar. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

101. Hashima J, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. The effect of maternal obesity on neonatal outcome in women receiving a single course of antenatal corticosteroids. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

102. Manuck T, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. The relationship between polymorphisms in the human progesterone receptor and clinical response to 17 alpha-hydroxyprogesterone caproate for the prevention of recurrent spontaneous preterm birth.

Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

103. Gyamfi C, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. Neonatal and developmental outcomes in children born in the late preterm period versus term. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

104. Simhan HN, Caritis SN, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. 17 alpha hydroxy-progesterone caproate (17OHPC) and corticotropin releasing hormone (CRH) among women with twins. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

105. Durnwald C, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. The impact of cervical length on risk of preterm birth in twin gestations. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

106. Horton A, Gyamfi C, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. 17 alpha hydroxy-progesterone caproate does not increase the risk of gestational diabetes in singleton and twin pregnancies. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

107. Refuerzo J, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, Maryland. Comparison of neonatal morbidity and mortality in twin pregnancies born at moderately preterm, late preterm, and term gestation. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

108. Clark E, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. Inflammation pathway gene polymorphisms are associated with neurodevelopmental delay at age 2. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

109. Gyamfi C, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, MD. Maternal and cord blood betamethasone concentrations in singleton and twin gestations. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine, San Diego, CA, January 2009.

110. Clark E, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, Maryland. Association of repeated dose antenatal steroids and IL6 -174 genotype with neurodevelopemental outcomes at age 2. Presented at the 56th Annual Scientific Meeting for Society of Gynecologic Investigation, Glasgow, UK, March 2009.

111. Gyamfi C, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, Maryland. The rate of recurrent preterm birth analyzed by indication for prior spontaneous preterm birth. Presented at the 56th Annual Scientific Meeting for Society of Gynecologic Investigation, Glasgow, UK, March 2009.

112. Manuck T, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, Maryland. The relationship between polymorphisms in a truncated progesterone receptor (PR-M) and clinical response to 17 alpha-hydroxyprogesterone caproate for the treatment of recurrent spontaneous preterm birth. Presented at the 56th Annual Scientific Meeting for Society of Gynecologic Investigation, Glasgow, UK, March 2009.

113. Horton A, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, Maryland. The role of family history in identifying factor v leiden carriers during pregnancy. Presented at the 56th Annual Scientific Meeting for Society of Gynecologic Investigation, Glasgow, UK, March 2009.

114. Gyamfi C, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development MFMU Network, Bethesda, Maryland. The MFMU cesarean registry: the effect of antenatal corticosteroids on respiratory morbidity in singletons after late preterm birth. Presented at the 56th Annual Scientific Meeting for Society of Gynecologic Investigation, Glasgow, UK, March 2009.

115. Harden C, Montouris G, Lippik I, Alekar S. for the UCB Pregnancy Registry. Poster presentation at the 62nd American Academy of Neurology Annual Meeting, Toronto Ont., April 10-17, 2010.

Podcasts:

International Journal of Obstetrics and Gyneacology audio podcast entitled **"Termination of pregnancy and the risk of subsequent preterm birth – what is the evidence?"**

Publications

Peer Reviewed Articles

1. **Thorp JM**, Bowes WA Jr, Brame RG, Cefalo RC. Selected use of midline episiotomy: Effect on perineal trauma. *Obstet Gynecol* 1987;70:260-2.
2. Richards DS, Cefalo RC, **Thorp JM**, Salley M, Rose D. Fetal heart rate response to acoustic stimulation in labor. *Obstet Gynecol* 1988;71:535-9.
3. **Thorp JM**, Bowes WA Jr. Episiotomy: can we defend its routine use? *Am J Obstet Gynecol* 1989; 160:1027.
4. **Thorp JM**, Katz VL, Campbell D, Cefalo RC. Hypersensitivity to magnesium sulfate. *Am J Obstet Gynecol* 1989;161:889-90.

5. **Thorp JM**, Katz VL, Fowler LJ, Kurtzman JT, Bowes WA Jr. Fetal Death from chlamydial infection across intact amniotic membranes. *Am J Obstet Gynecol* 1989;161:1245-6.

6. **Thorp JM**, Jordon S, Watson WJ, Bowes WA Jr. Survey of maternal transports to the North Carolina Memorial Hospital. *NC Med J* 1989; 50:423-5.

7. Katz VL, **Thorp JM**, Bowes WA Jr. Severe symmetric IUGR associated with the topical use of triamcinalone. *Am J Obstet Gynecol* 1990; 162:396-7.

8. **Thorp JM**, White GL, Moake JL, Bowes WA Jr. Von Willebrand factor multimeric levels and patterns in patients with severe preeclampsia. *Obstet Gynecol* 1990;75:163-7.

9. Katz, VL, **Thorp JM**, Cefalo RC. Epidural anesthesia and autonomic hyperreflexia: a case report. *Am J Obstet Gynecol* 1990;162:471-2.

10. Watson WJ, **Thorp JM**, Seeds JW. Familial cystic hygroma with normal karyotype. *Prenatal Dianosis* 1990;10:37-40.

11. **Thorp JM**, Wells S, Droegemueller W. Ovarian suspension in massive ovarian edema. *Obstet Gynecol* 1990; 76(s):912-4.

12. **Thorp JM**, Fowler WC, Donehoo R, Sawicki C, Bowes WA Jr. Antepartum and intrapartum events in women exposed in utero to diethylstilbesterol. *Obstet Gynecol* 1990;76(s):828-32.

13. **Thorp JM**, Spielman FJ, Valea FA, Payne FG, Mueller RA, Cefalo RC. Nifedipine enhances the cardiac toxicity of magnesium sulfate in the isolated, perfused Spraque-Dawley rat heart. *Am J Obstet Gynecol* 1990;163:655-6.

14. **Thorp JM**, Fann BB, Korb EG, Brannan WG, Pierson S, Bowes WA Jr. Establishing maternal-fetal medicine consultative services in western North Carolina (Perinatal Region 1). *NC Med J* 1990;51:266-7.

15. Neifert M, **Thorp JM**. Twins: adjustment, parenting, and infant feeding in the fourth trimester. *Clin Obstet Gynecol* 1990;33:102-13.

16. Watson WJ, Katz VL, **Thorp JM**. Spontaneous resolution of fetal nuchal cystic hygroma. *Prenatal Diagnosis* 1990;73:862-5.

17. Watson WJ, **Thorp JM**, Miller RC, Chescheir NC, Katz VL, Seeds JW. Prenatal diagnosis of laryngeal atresia. *Am J Obstet Gynecol* 1990;163 (5):1456-7.

18. Katz VL, Rozas L, Bowes WA Jr, **Thorp JM**. The natural history of thrombocytopenia associated with preeclampsia. *Am J Obstet Gynecol* 1990;163(4):1142-3.

19. Katz, VL, **Thorp JM**, Watson WJ, Fowler L, Heine RP. Human immunoglobin therapy for preeclampsia associated with lupus anticoagulant and anticardiolipin antibody. *Obstet Gynecol* 1990;76(2):986-8.

20. **Thorp, JM**, Watson WJ, Katz VL. Effect of corpus luteum position on hyperemesis gravidarum. *J Reprod Med* 1991;36(10):761-2.

21. Katz VL, Blanchard GF, Watson WJ, Miller RC, Chescheir NC, **Thorp JM**. The clinical implications of subchorionic placental lucencies. *Am J Obstet Gynecol* 1991;164:99-100.

22. **Thorp JM**, Katz VL. Submucous myomas treated with gonadotropin releasing hormone agonist and resulting in vaginal hemorrhage. *J Reprod Med* 1991;36(8):625-6.

23. **Thorp JM**, Bowes WA Jr, Droegemueller W, Wicker H. Assessment of perineal floor function: electromyography with acrylic plug surface electrodes in nulliparous women. *Obstet Gynecol* 1991;78(1):89-92.

24. **Thorp JM**, Wells SR, Bowes WA Jr. The obfuscation continues: severe preeclampsia versus thrombotic thrombocytopenic purpura. *NC Med J* 1991;52:126-8.

25. **Thorp JM**, Jenkins T, Watson WJ. Utility of Leopold maneuvers in screening for malpresentation. *Obstet Gynecol* 1991;78(3):394-6.

26. Wells SR, **Thorp JM**, Bowes WA Jr. Management of the nonvertex second twin. *Surg Obstet Gynecol* 1991; 172:383-5.

27. Savitz DA, Blackmore CA, **Thorp JM**. Epidemiologic characteristics of preterm delivery: etiologic heterogeneity. *Am J Obstet Gynecology* 1991; 164:467-71.

28. **Thorp JM**, Bowes WA Jr. Prolife perinatologist: paradox or possibility? *New Engl J Med* 1992; 326:1217-9.

29. **Thorp JM**, Weeks M, Watson W, Bowes WA Jr, Fowler WC. Should every gravida exposed to diethylstilbesterol in utero undergo prophylactic cerclage? *J Mat-Fetal Med* 1992;1:300-2.

30. **Thorp JM**, Boyette DD, Watson WJ, Cefalo RC. Elemental mercury exposure in early pregnancy. *Obstet Gynecol* 1992;79:874-6.

31. Katz VL, Watson WJ, **Thorp JM**, Hansen W, Bowes WA Jr. Treatment of persistent postpartum HELLP syndrome with plasmaphoresis. *Am J Perinatol* 1992;9(2):120-2.

32. Katz VL, Watson WJ, **Thorp JM**, Chescheir NC, Miller RC. Prenatal sonographic findings of massive lower extremity lymphangioma. *Am J Perinatol* 1992;9(2):127-9.

33. **Thorp JM**, Councell RB, Sandridge DA, Wiest HH. Antepartum diagnosis of placenta previa percreta by magnetic resonance imaging. *Obstet Gynecol* 1992;80:506-8.

34. Kurtzman JT, **Thorp JM**, Spielman FJ, Mueller RA, Cefalo RC. Do nifedipine and verapamil potentiate the cardiac toxicity of magnesium sulfate? *Am J Perinatol* 1993;10(6):450-2.

35. Helwig JT, **Thorp JM**, Bowes WA Jr. Does midline episiotomy increase the risk of third- and fourth-degree lacerations in operative vaginal deliveries? *Obstet Gynecol* 1993;82(2):276-79.

36. **Thorp JM**, Pahel-Short L, Bowes WA Jr. The Mueller-Hillis maneuver: can it be used to predict dystocia? *Obstet Gynecol* 1993;82(4):519-22.

37. **Thorp JM**, Cheschir NC, Fann B. Postpartum myocardial infarction in a patient with antiphospholipid syndrome. *Am J Perinatol* 1994;11(1):1-3.

38. **Thorp JM** , Tumey LA, Bowes WA Jr. Outcome of multifetal gestations. a case-control study. *J Mat-Fetal Med* 1994;3:23-26.

39. **Thorp JM** Stepenson H, Jones L, Cooper G. Pelvic Floor (Kegel) excercises - a pilot study in nulliparous women. *Int Urogynecol J*1994;5(2):86-9.

40. Kurtzman JT, **Thorp JM**, Spielman FJ, Mueller RA, Cefalo RC. Central hemodynamic effects of cocaine and ritodrine in the isolated, perfused rat heart. *Obstet Gynecol* 1994;83(1):89-91.

41. Katz VL, Moos MK, Cefalo RC, **Thorp JM**, Bowes WA Jr, Wells SR. Group B streptococcus: Results of a protocol of antepartum screening and intrapartum treatment. *Am J Obstet Gynēcol* 1994;170(2):521-6.

42. **Thorp JM**; Guidry AM. A technique for intrapartum monitoring of fetuses with congenital bradycardia. *Am J Perinatol*, 1994;11(5):353-5.

43. **Thorp, JM** Specialist's Perspective - The Obstetrician/Gynecologist (Special Focus: The Primary Care Setting--Recognition and Care of Patients With Alcohol Problems). *Alcohol Health and Reseach World* 1994; 8(2):117-20.

44. Kurtzman JT, **Thorp JM**, Spielman FJ, Perry S, Mueller RA, Cefalo RC. Estrogen mediates the pregnancy-enhanced cardiotoxicity of cocaine in the isolated perfused rat heart. *Obstet Gynecol* 1994;83:613-15.

45. Sandridge DA, Councell RB, **Thorp JM**, Endometrial carcinoma arising within extensive intrauterine synechiae. *Euro J Obstet & Gyneco,* 1994;56:147-9.

46. Councell RB, **Thorp JM**, Sandridge DA, Hill ST. Assessments of laparoscopic-assisted vaginal hysterectomy. *JAAGL* 1994;2(1):49-56.

47. Kuller JA, Coulson CC, McCoy MC, Altman GC, **Thorp JM**, Katz VL, Prenatal diagnosis of renal agenesis in a twin gestation. *Prenatal Diag* 1994;14:1090-92.

48. Rogers RG, Thorp **JM** Liposarcoma of the vulva: a case report. *J Reprod Med* 1995;40(12):863-4.

49. Mayer DC, **Thorp JM**, Baucom D, Spielman FJ. Hyperthyroidism and seizures during pregnancy. *Am J Perinat* 1995; 12(3):192-4.

50. **Thorp JM**, Wells SR, Bowes WA, Cefalo RC. Integrity, abortion, and the prolife perinatologist. *Hastings Center Report* 1995;25:27-8.

51. Larson PJ, **Thorp JM**, Miller RC, Hoffman M. The monocyte monolayer assay: A non-invasive technique for predicting the severity of in utero hemolysis. *Am J Perinatol* 1995; 12:157-60.

52. **Thorp JM**, Jones LG, Bowes WA Jr, Droegemueller W. Electromyography with acrylic plug surface electrodes after delivery. *Am J Perinatol* 1995;12(2):125-8.

53. Saacks CB, **Thorp JM** , Hendricks CH. Cohort study of twinning in an academic health center: Changes in management and outcome over forty years. *Am J Obstet Gynecol* 1995;173:432-9.

54. Coulson CC, **Thorp JM** , Purrington J, Slotchiver JM, Ananth CV, Hartmann K. The effects of maternal smoking on amniotic fluid volume and fetal urine output. *Am J Perinat* 1995;13:195-7.

55. Sandridge DA, **Thorp JM** Vaginal endosonography in the assessment of the anorectum. *Obstet Gynecol* 1995;86;1007-9.

56. **Thorp JM** Commentary on: The effect of epidural anesthesia on the length of labor. *Obstet Gynecol Surv* 1995;50:771-72.

57. Broughton JG, **Thorp JM**, Spielman FG, Cefalo RC, Mueller RA. Acute Exposure to Ethanol in Pregnancy--Assessment of Cardiovascular Effects in the Isolated Perfused Rat Heart. *Substance Abuse* 1996;17:133-8.

58. Hartmann K, **Thorp JM**, Pahel-Short L, Koch MA. A randomized controlled trial of smoking cessation intervention in pregnancy in an academic clinic. *Obstet Gynecol* 1996; 87;621-6.

59. Broughton JG, **Thorp JM**, Spielman FG, Cefalo RC, Mueller RA. Acute Exposure to Ethanol in Pregnancy--Assessment of Cardiovascular Effects in the Isolated Perfused Rat Heart. *Substance Abuse* 1996;17:133-8.

60. Wells SR, Kuller JA, **Thorp JM** Pregnancy in a patient with Goodpasture syndrome and renal transplantation. *Am J Perinatology* 1996;13(2):79-80.

61. Schapiro L, **Thorp JM** Management of Leiomyoma Causing Myocardial Infarction. *European Journal of Obstetrics and Gynecology* 1996;65:235-6.

62. Hansen WF, Burnham SJ, Svendsen TO, Katz VL, **Thorp JM**, Hansen, AR. Transcranial Doppler Findings of Cerebral Vasospasm in Preeclampsia. *J Mat-Fet Med* 1996;5:194-200.

63. **Thorp JM**, Jones LH, Wells E, Ananth CV. Assessment of pelvic floor function: A series of simple tests in nulliparous women. *Int'l Urogynecol* J 1996;7:94-97.

64. Ananth CV, Guise J-M, **Thorp JM**. Utility of antibiotic therapy in preterm premature rupture of membranes - A meta-analysis. *Obstet and Gynecol Surv*, 1996;13:324-8.

65. Wright LN, Pahel-Short L, Hartmann K, Kuller JA, **Thorp JM** Statewide Assessment of a behavioral intervention to reduce cigarette smoking by pregnant women. *Am J Obstet Gynecol*, 1996;175:283-8.

66. Hayat Sk, **Thorp JM**, Kuller J, Brown BD, Semelka RC, Williams AB. Magnetic resonance imaging of the pelvic floor in the postpartum patient. *Intl Urogynecol J*, 1996;7:321-4.

67. Hartmann KE, **Thorp JM**. Scripted Intervention: A Map for Smoking Cessation Counseling. *Primary Care Update for Ob/Gyns* 1996;3:228-32.

68. Coulson CC, **Thorp JM**, Mayer DC, Cefalo RC. Central Hemodynamic Effects of Recombinant Human Relaxin in the Isolated, Perfused Rat Heart Model. *Am J Obstetrics & Gynecology* 1996;87:610-2.

69. Sandridge DA, Babb TE, **Thorp JM**. Utility of endovaginal sonography in the diagnosis of adenomyosis. *J of Gynecol Tech* 1996;2:135-8.

70. Schapiro L, **Thorp JM**. Diagnosis of early acute fatty liver of pregnancy. *J Mat-Fetal Med* 1996; 5:314-6.

71. Lukes AG, **Thorp JM**, Eucker B. Predictors of positivity for fetal fibronectin in patients with symptoms of preterm labor. *Am J Obstet Gynecol* 1997;176:639-41.

72. Savitz DA, Ananth CV, Luther ER, **Thorp JM**. Influence of Gestational Age on the Time from Spontaneous Rupture of the Chorioamnionic Membranes to the Onset of Labor. *Am J Perinatol* 1997;14(3):129.

73. Wright L, **Thorp JM, Jr.**, Hartmann K. Transdermal nicotine replacement in pregnancy: Maternal pharmacokinetics and fetal effects. *Am J Ob/Gyn*, 1997;176:1090-4.

74. Peaceman AM, Andrews WW, **Thorp JM**, Lukes AG, et al. Fetal fibronectin as a predictor of preterm birth in patients with symptoms: A multicenter trial. *Am J. Ob/Gyn*, 1997; 177:13-8.

75. Sandridge DA, **Thorp JM**, Roddenberry P, Kuller J, Wilde J. Vaginal delivery is associated with occult disruption of the anal sphincter mechanism. *Am J Perinatol*, 1997;14(9):527-33.

76. Savitz DA, Ananth CV, Luther ER, **Thorp JM** Influence of Gestational Age on the Time from Spontaneous Rupture of the Chorioamnionic Membranes to the Onset of Labor. *Am J. Perinat* 1997;14:129-33.

77. Wright LN, **Thorp JM**, Kuller JA, Shrewsbury RP, Ananth C, Hartmann K. Transdermal nicotine replacement in pregnancy: Maternal pharmacokinetics and fetal effects. *Am J Obstet Gynecol* 1997;176:90-4.

78. Davis WB, Wells SR, Kuller JA, **Thorp JM**. Risks Associated with Calcium Channel Blockade: Implications for the Obstetrician-Gynecologist. *Obstet Gynecol Surv* 1997;52:198-201.

79. Coulson CC, **Thorp JM**, Mayer DC, Cefalo RC. Central hemodynamic effects of oxytocin and interactions with magnesium and pregnancy in the isolated, perfused rat heart. *Obstet Gynecol* 1997;177:91-3.

80. Cobb P, Hartmann K, **Thorp JM**, Renz C, Stanford D, Rounds K. Perinatal Substance Abuse Within Central North Carolina--A Suburban-Rural Perspective. *North Carolina Medical Journal* 1997;58(1):36-38.

81. The Atosiban PTL-098 Study Group: Valenzuela GJ, Sanchez-Ramos L, Romero R, Silver HM, Koltun WD, Millar L, Hobbins J, Rayburn W, Shangold G, Wang J, Smith J, Creasy, et al. Maintenance treatment of preterm labor with the oxytocin antagonist atosiban. *Am J Obstet Gynecol* 2000 May;182(5):1184-90.

82. The Atosiban PTL-098 Study Group: Romero R, Sibai BM, Sanchez-Ramos L, Valenzuela GJ, Veille JC, Tabor B, Perry KG, Varner M, Goodwin TM, Lane R, Smith J, Shangold G, Creasy GW, et al. An oxytocin receptor antagonist (atosiban) in the treatment of preterm labor: a randomized, double-blind, placebo-controlled trial with tocolytic rescue. *Am J Obstet Gynecol* 2000 May;182(5):1173-83.

83. Archer DF, Maheus R, DelConte A, et al. A New Low-Dose Monophasic Combination Oral Contraceptive (Alesse™) with Levonorgestrel 100 g and Ethinyl Estradiol 20 g. North American Levonorgestrel Study. *Contraception* 1997;55:139-44.

84. Rogers RG, **Thorp JM**. Pregnancy induced hypertension: genesis of and response to endothelial injury and the role of endothelin-1. *OB/GYN Survey* 1997;52:723-7.

85. **Thorp JM**, Wells SR, Wiest HH, Jeffries L, Lyles E. First trimester diagnosis of placenta previa percreta by magnetic resonance imaging. *Am J Ob Gynecol* 1998;178:616-8.

86. Royce RA, Jackson T, **Thorp JM**, Savitz DA. Black/white differences at mid-pregnancy in vaginal microflora and pH. *Am J Epidemiology* 1998;147:S33 (abstract #130).

87. Thompson TT, **Thorp JM**, Mayer D, Kuller KA, Bowes WA Jr. Does epidural anesthesia cause dystocia? *J Clin Anesth* 1998; 10(2):58-65.

88. Royce RA, Pastore LM, **Thorp JM**, Jackson T, Savitz DA, McDonald T. Factors associated with prevalence of bacterial vaginosis during pregnancy. *J Soc Gynecol Invest* 1998;5(S):172A.

89. Propst AM, **Thorp JM**. Traumatic vulvar hematomas: conservative versus surgical management. *Southern Med J* 1998;91:144-6.

90. Savitz DA, Dole N, Williams J, **Thorp JM**, McDonald T, Carter AC, Eucker B. Determinants of participation in an epidemiological study of preterm delivery. *Paediatric and Perinatal Epidemiology* 1999;13(1):114-25.

91. Pastore LM, Savitz DA, **Thorp JM**., Koch GG, Hertz-Picciotto I, Irwin DE. Predictors of symptomatic urinary tract infection after 20 week gestation. *J Pernatol* 1999; 19:488-93.

92. Tun R, DeLancey JOL, Howard D, **Thorp JM**, Quint LE. MR Imaging of levator ani muscle recovery following vaginal delivery. *Int'l Urogynecol J & Pelvic Floor Dysfunction* 1999;10(5);300-7.

93. Pastore LM, Savitz DA, **Thorp JM.** Predictors of urinary tract infection at the first prenatal care visit. *Epidemiology* 1999;10:282-7.

94. **Thorp JM**, Norton PA, Wall LL, Kuller JA, Eucker B, Wells E. Urinary incontinence in pregnancy and the puerperium: A prospective study. *Am J Obstet Gynecol* 1999;181:266-73.

95. Livengood CH III, Soper DE, Sheehan KL, Feener DE, Martens MK, Nelson AL, Ismail M, **Thorp JM**, et al. Comparison of once-daily and twice-daily dosing of 0.75% metronidazolegelin in the treatment of bacterial vaginosis. *Sexually Trans Dis* 1999;26(3):137-42.

96. Royce RA, Jackson T, **Thorp JM**, Hillier SL, Rabe LK, Pastore LM, Savitz D. Ethnicity/race, vaginal flora patterns, and pH during pregnancy. *Sex Trans Dis* 1999;26:96-102.

97. Hartmann K, **Thorp JM**, McDonald T, Savitz DA,, Granados JL. Cervical dimensions and risk of preterm birth: A prospective cohort study. *Obstet Gynecol* 1999; 93:504-9.

98. Royce RR, **Thorp JM**, Granados JL, Savitz DA. Bacterial vaginosis associated with HIV-1 infection in pregnant women from North Carolina. *J Acquir Immune Defic Syndr* 1999; 20:382-6.

99. Nowacek GE, Meyer WR, McMahon MJ, **Thorp JM**, Wells, S. The diagnostic value of cervical fetal fibronectin in detecting extrauterine pregnancy. *Fertility and Sterility* 1999;72:302-4.

100. Pastore LM, Hartmann KE, **Thorp JM**, Royce RA, Jackson TP, Savitz DA. Bacterial vaginosis and cervical dilation and effacement at 24-29 weeks' gestation. *Am J of Perinat* 2000;17(2):83-8.

101. Cooper GS, **Thorp JM**. FSH levels in relation to hysterectomy and unilateral oophorectomy. *Obstet Gynecol*, 1999;94:969-72.

102. Pastore LM, Royce RA, Jackson TP, **Thorp JM**, Savitz DA, Kreaden US. Association between bacterial vaginosis and fetal fibronectin at 24-29 weeks' gestation. *Obstet Gynecol* 1999;93:117-23.

103. Savitz DA, Dole N, Williams J, **Thorp JM**, McDonald T, Carter AC, Eucker B. Study design and determinants of participation in an epidemiological study of preterm delivery. *Paediatr & Perinat Epidemiol* 1999;13:114-25.

104. Connolly AM, **Thorp JM**. Childbirth-related perineal trauma: Clinical significance and prevention. *Clin Obstet Gynecol* 1999;42:820-35.

105. **Thorp JM** , Mayer D, Kuller JA. Central hemodynamic effects of an oxytocin receptor antagonist (atosiban) in the isolated, perfused rat heart. *J Soc Gynecol Invest* 1999;6:186-71.

106. Savitz DA, Dole N, Henderson L, **Thorp JM**. Socioeconomic status, race, and pregnancy outcome. *Am J Epidemiol* 1999;149:S28.

107. McMahon MJ, **Thorp JM**, Savitz DA, Bagchee R. Risk factors for preterm birth. *J Soc Gynecol Invest (Suppl)* 2000;7(1);117A.

108. Shaw GM, Savitz DA, Nelson V, **Thorp JM** Role of structural birth defects in preterm delivery. Submitted to *Ped & Perinat Epidemiol*, March, 2000.

109. Berkman ND, **Thorp JM**, Hartmann KE, et al. *Management of Preterm Labor: Evidence Report/Technology Assessment No. 18.* (prepared by Research Triangle Institute under Contract No. 290-97-0011). AHRQ Publication No. 01-E021. Rockville (MD) Agency for Healthcare Research and Quality. October 2000.

110. Strecher VJ, Bishop KR, Bernhardt J, **Thorp JM**, Cheuvront B, Potts P. Quit for keeps: tailored smoking cessation guides for pregnancy and beyond. *Tobacco Control* 2000;9(Suppl III):iii78-iii79.

111. **Thorp JM**, Yowell RK. The role of episiotomy in modern obstetrics. *North Carolina Med J* 2000;61(2):118-9.

112. Sayle AE, Savitz DA, **Thorp JM**, Hertz-Picciotto I, Wilcox AJ. Sexual activity during late pregnancy and preterm delivery. *Obstet Gynecol* 2001;97:283-9.

113. Gavin NL, **Thorp JM**, Ohsfeldt RL. Determinants of hormone replacement therapy duration among postmenopausal women with intact uteri. *Menopause 2001;8(5):377-83.*

114. Savitz D, Dole N, Terry JW, Zhou H, **Thorp JM**. Smoking and pregnancy outcome among African-American and White women in Central North Carolina. *Epidemiol* 2001;12(6):636-42.

115. Siega-Riz AM, Herrmann TS, Savitz DA, **Thorp JM**. The frequency of eating during pregnancy and its effect on preterm delivery. *Am J Epidemiol* 2001;153:647-52.

116. Bender DE, Harbour C, **Thorp JM**. Tell me what you mean by "Si": Perceptions of quality of prenatal care among immigrant Latina women. *J. Qualitative Health Res* 2001;11(6);780-94.

117. Bernhardt JM, Strecher VJ, Bishop K, Potts P, Madison EM, **Thorp JM**. Handheld computer-assisted self-interviews: User comfort level and preferences. *Am J Heal Behav* 2001;25(6):557-63.

118. **Thorp JM**, Gavin NI, Ohsfeldt RL. Hormone replacement therapy in postmenopausal women: Utilization of health care resources by new users. *Am J Obstet Gynecol* 2001,185(2):318-326.

119. Whitecar P, Boggess K, McMahon M, **Thorp JM**. Altered expression of TcR/CD3-Zeta induced by sera from women developing preeclampsia. *Am J Obstet Gynecol* 2001;185:812-8.

120. West SL, Yawn BP, **Thorp JM**, Korhonen MJH, Savitz DA, Guess HA. Tocolytic therapy for preterm labour: assessing its potential for reducing preterm delivery. *Paediatr Perinat Epidemiol* 2001;15:243-51.

121. Lam GK, Stafford RE, **Thorp JM**, Moise KJ, Cairns BA. Inhaled nitric oxide for primary pulmonary hypertension in pregnancy. *Obstet Gynecol* 2001;98;895-8.

122. **Thorp JM**. Placental vascular compromise: Unifying the etiologic pathways of perinatal compromise. *Current Prob in Obstet Gynecol and Fert* 2001;24(6):197-220.

123. Yang J, Savitz DA, **Thorp JM**. The effect of vaginal bleeding during pregnancy on preterm and small- for- gestational-age births: US National Maternal and Infant Health Survey, 1998. *Paediatric and Perinatal Epidemiology* 2001;15(1):34-9.

124. Pastore LM, Hartmann KE, **Thorp JM**, Royce RA, Jackson TP, Savitz DA. Bacterial vaginosis: BV PIN points. *J Perinatol* 2002;22(2):125-32.

125. **Thorp JM**, Hartmann KE, Berkman ND, Carey TS, Lohr KN, Gavin NI, Hasselblad V. Antibiotic therapy for the management of preterm labor: A review of the evidence. *Am J Obstet Gynecol* 2002;186(3):587-92.

126. Savitz DA, Henderson L, Dole N, Herring Am, Wilkins DG, Rollins D, **Thorp JM**. Indicators of cocaine use and preterm birth. *Obstet Gynecol* 2002;99:458-65.

127. Bailit JL, Downs SM, **Thorp JM**. Reducing the caesarean delivery risk in elective inductions of labour: a decision analysis. *Paedia Perinat Epi* 2002;16:90-96.

128. Saldana TM, Siega-Riz Am, Adair LS, Savitz DA, **Thorp JM Jr**. The association between impaired glucose tolerance and birth weight among black and white women in central North Carolina. *Diabetes Care* 2003;26(3):656-61.

129. Savitz D, Terry J, Dole N, **Thorp JM**, Siega-Riz A, Herring A. Comparison of pregnancy dating by last menstrual period, ultrasound scanning, and their combination. *Am J Obstet Gynecol*. 2002 Dec;187(6):1660-6.

130. Vahratian A, Siega-Riz A, Savitz D, **Thorp JM**. Multivitamin use and the risk of preterm birth. *Am J Epidemiol 2004;160(9):886-92.*

131. Evenson KR, Siega-Riz AM, Savitz DA, Leiferman JA, **Thorp.JM**. Vigorous leisure activity and pregnancy outcome: The Pregnancy, Infection, and Nutrition Study. *Epidemiology* 2002;13(6)653-9.

132. **Thorp JM** and Hartmann KE. Evidence-Based Management of Preterm Labor: The Role of Tocolytics and Antibiotics. *Curr Probl Obstet Gynecol Fertil*, Accepted for publication, November, 2002.

133. Balu RB, Savitz DA, Ananth CV, Hartmann KE, Miller WC, **Thorp JM**, Heine RP. Bacterial vaginosis and vaginal fluid defensins during pregnancy. *Am J Obstet Gynecol* 2002, 187(5):1267-1271.

134. **Thorp JM**, Hartmann K, Shadigian E. Long-term physical and psychological health consequences of induced abortion: A review of the evidence. *OB/Gyn Survey* 2003; 58(1): 67-79.

135. **Thorp JM**, ACOG Committee. Management of Preterm Labor. *Obstetrics & Gynecology;* May, 2003, 101(5): 1039-1047

136. Berkman ND, **Thorp JM**, Lohr KN, Carey TS, Hartmann KE, Gavin NI, Hasselblad V, Idicula AE. Tocolytic treatment for the management of preterm labor: A review of the evidence. *Am J Obstet Gynecol* 2003;188(6):1648-59.

137. Meis PJ, Klebanoff M, Thom E, Dombrowski MP, Sibai B, Moawad AH, Spong CY, Hauth JC, Miodovnik M, Varner MW, Leveno KJ, Caritis SN, Iams JD, Wapner RJ, Conway D, O'Sullivan MJ, Carpenter M, Mercer B, Ramin SM, **Thorp JM**, Peaceman AM, Gabbe S; The National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Prevention of Recurrent Preterm Delivery by 17 Alpha-Hydroxyprogesterone Caproate. *New Engl J of Med* 2003;348(24):2379-2385.

138. Siega-Riz AM, Promislow J, Savitz DA, **Thorp JM**, McDonald T. Vitamin C intake and the risk of preterm delivery. *Am J Obstet Gynecol* 2003;189(2):519-25..

139. Yang Y, Hartmann KE, Savitz DA, Herring AH, Dole N, Olshan AF, **Thorp JM**. Vaginal bleeding during pregnancy and preterm birth. *Am J Epidemiol* 2004;160(2):118-25.

140. Vahratian A, Zhang J, Hasling J, Troendle J, Klebanoff M, **Thorp JM**. The effect of early epidural versus early intravenous analgesia use on labor progression: a natural experiment. *Am J Obstet Gynecol* 2004;191(1):259-65.

141. Ohsfeldt RL, Gavin NI, **Thorp JM**. Medical care costs associated with postmenopausal estrogen plus progestogen therapy. *Value Health*. 2004 Sep;7(5):544-53.

142. Nguyen N, Savitz DA, **Thorp JM**. Risk factors for preterm birth in Vietnam. *Int J Gynaecol Obstet*. 2004;86(1):70-8.

143. Pastore LM, King TS, Dawson IJ, Hollifield A, **Thorp JM**. Prospective validation of a perinatal bacterial vaginosis screening risk score. *J Perinatol*. 2004;24(12):735-42.

144. Vahratian A, Zhang J, Hasling J, Troendle J, Klebanoff MA, **Thorp JM**. The effect of early epidural versus early intravenous analgesia use on labor progression: a natural experiment. *Am J Obstet Gynecol* 2004;191(1):259-65.

145. Reardon DC, Strahan TW, **Thorp JM**, Shuping MW. Deaths associated with abortion compared to childbirth--a review of new and old data and the medical and legal implications. *J Contemp Health Law Policy* 2004 Spring;20(2):279-327. Review. No abstract available.

146. Varner MW, Leindecker S, Hibbard JU, Hauth JC, Landon M, Leveno K, Sorokin Y, Meis P, Caritis SN, Wapner R, Miodovnik M, Sibai B, Carpender M, Conway D, Mercer B, **Thorp JM,** Peaceman A, O'Sullivan MJ, Ramin S, Malone F. The MFMU Cesarean Registry: Trial of Labor with a Twin Gestation. *Am J Obstet Gynecol* 2005;193(1):135-40.

147. Strauss RA, Eucker B, Savitz DA, **Thorp JM Jr**. Diagnosis of bacterial vaginosis from self-obtained vaginal swabs. *Infect Dis Obstet Gynecol* 2005;13(1):31-35.

148. McPheeters ML, Miller WC, Hartmann KE, Savitz DA, Kaufman J, Garrett JM, **Thorp JM Jr.**, The epidemiology of threatened preterm labor – a prospective cohort study. *Am J Obstet Gynecol* 2005;192(4):1325-9.

149. Viswanathan M, Hartmann, Palmieri R, Lux L, Swinson T, Lorh KN, Gartlehner G, **Thorp JM**. The use of episiotomy in obstetrical care: a systematic review. *Evid Rep Technol Assess (Summ)* 2005 May;(112):1-8.

150. Althabe F, Buekens P, Bergel WE, Belizan JM, Kropp N, Wright L et al (**Thorp JM**). A cluster randomized controlled trial of a behavioral intervention to facilitate the development and implementation of clinical practice guidelines in Latin American maternity hospitals: the Guidelines Trial: Study protocol [ISRCTN82417627]. *BMC Women's Health* 2005 (April);5:4 (9 pages).

151. Meis PJ, Spong CY,Person BCC, Sibai B, Dombrowski MP, Moawad AH, Hauth JC, Miodovnik M, Warner MV, Leveno KJ, Caritis SN, Iams JD, Wapner RJ, Conway D, O'Sullivan MJ, Carpenter M, Mercer B, Ramin SM, **Thorp JM**, Peaceman AM, Gabbe S, for the NICHD Maternal Fetal Medicine Units Network. Does Progesterone Treatment Influence Risk Factors for Recurrent Preterm Delivery? *Obstet Gynecol* 2005;106(3):557-61.

152. Hartmann KE, Viswanathan M, Palmieri R, Gartlehner G, **Thorp J**, Lohr KN. Outcomes of routine episiotomy: A systematic review. *JAMA* 2005;293(17):2141-8.

153. Savitz DA, Dole N, Herring AH, Kaczor D, Murphy J, Siega-Riz AM, **Thorp JM**, MacDonald TL, Should spontaneous and medically indicated preterm births be separated for studying aetiology? *PaediatrPerinat Epidemiol* 2005;19:97–105.

154. Bloom SL, Spong CY, Weiner SJ, Landon MB, Rouse DJ, Varner MW, Moawad AH, Caritis SN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, O'Sullivan MJ, Sibai B, Langer O, Gabbe SG, **Thorp JM**. Complications of Anesthesia for Cesarean Delivery. *Obstet Gynecol* 2005;106(2):281-7.

155. **Thorp JM**, Hartmann KE, Shadigan E. Long-term physiological health consequences of induced abortion: A review of the evidence. *Linacre Q* 2005;72(1):44-69.

156. Savitz DA, Dole N, Kaczor D, Herring AH, Siega-Riz AM, Kaufman J, **Thorp JM.** Probability samples of area births versus clinic populations for reproductive epidemiology studies. *Paediatr Perinat Epidemiol* 2005;19(4):315-22.

157. Yang J, Savitz DA, Dole N, Hartmann KE, Herring AH, Olshan AF, **Thorp JM.** Predictors of vaginal bleeding during the first two trimesters of pregnancy. *Paediatr Perinat Epidemiol* 2005;19(4):276-83.

158. Franceschini N, Savitz DA, Kaufman JS, **Thorp JM.** Maternal urine albumin excretion and pregnancy outcome. *Am J Kidney Dis* 2005;45:1010-8.

159. Dizon-Townson D, Miller C, Sibai B, Spong CY, Thom E, Wendel G Jr., Wenstrom K, Samuels P, Cotroneo MA, Moawad A, Sorokin Y, Meis P, Miodovnik M, O'Sullivan MJ, Conway D, Wapner RJ, Gabbe SG, et al. (**Thorp JM**); The National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. The Relationship of the Factor V Leiden Mutation and Pregnancy Outcomes for Mother and Fetus; *ObstetGynecol* 2005;106(3):517-24.

160. Meis PJ, Klebanoff M, Dombrowski MP, Sibai BM, Leindecker S, Moawad AH, Northen A, Iams JD, Varner MW, Caritis SN, O'Sullivan MJ, Miodovnik M, Leveno KJ, Conway D, Wapner RJ, Carpenter M, Mercer B, Ramin SM, **Thorp JM**, Peaceman AM, Gabbe S; The National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Does Progesterone Treatment Influence Risk Factors for Recurrent Preterm Delivery? *Obstet Gynecol* 2005;106(3):557-61.

161. Sibai B, Meis PJ, Klebanoff M, Dombrowski MP, Moawad AH, Northen A, Iams JD, Varner MW, Caritis SN, O'Sullivan MJ, Miodovnik M, Leveno KJ, Conway D, Wapner RJ, Carpenter M, Mercer B, Ramin SM, **Thorp JM**, Peaceman AM, Gabbe S; The Maternal Fetal Medicine Units Network of the National Institute of Child Health and Human Development. Plasma CRH measurement at 16 – 20 weeks' gestation does not predict preterm delivery in women at high-risk for preterm delivery. *Am J Obstet Gynecol* 2005;193(3):1181-6, Part 2.

162. South MM, Strauss RA, South AP, Boggess JF, **Thorp JM.** The use of non-nutritive sucking to decrease the physiologic pain response during neonatal circumcision: a random controlled trial. *Am J Obstet Gynecol* 2005;193(2):537-42; discussion 542-3.

163. Strauss RA, Eucker B, Savitz DA, **Thorp JM.** Diagnosis of bacterial vaginosis from self-obtained vaginal swabs. *Infect Dis Obstet Gynecol* 2005;13(1):31-5.

164. Varner MW, Leindecker S, Spong CY, Moawad AH, Hauth JC, Landon MB, Leveno KJ, Caritis SN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman A, O'Sullivan MJ, Sibal BM, Langer O, **Thorp JM**, Ramin SM, Mercer BM, Gabbe SG; The National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. The Maternal-Fetal Medicine Unit Cesarean Registry: Trial of labor with a twin gestation. *Am J Obstet Gyn*ecol 2005;193(1):135-40.

165. Landon M, Leindecker S, Spong C, Hauth JC, Bloom S, Varner MW, Moawad AH, Caritis S, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman AM, O'Sullivan MJ, Sibai BM, Langer O, **Thorp JM**, Ramin SM, Mercer BM, Gabbe SG; The National Insititute of Child Health and Human Development Maternal-Fetal Medicine Units Network. The MFMU Cesarean Registry: Factors affecting the success of trial of labor after previous cesarean delivery. *Am J Obstet Gynecol* 2005;193(3 Pt 2)1016-23.

166. Spong CY, Meis PJ, Thom EA, Sibai Baha, Dombrowsli MP, Moawad AH, Hauth JC, Iams JD, Varner MW, Caritis SN, O'Sullivan MJ, Miodivnik M, Leveno KJ, Conway D, Wapner RJ, Carpenter M, Mercer B, Ramin SM, **Thorp JM**, Peaceman AM, Gabbe S; The National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Progesterone for prevention of recurrent preterm birth: Impact of gestational age at previous delivery. *Am J Obstet & Gynecol* 2005;193(3):1056-60, Part 2.

167. Engel SM, Hans CE, Savitz DA, **Thorp JM**, Chanock SJ, Olshan AF. Risk of spontaneous preterm birth is associated with common pro-inflammatory cytokine polymorphisms. *Epidemiol* 2005;16:469-77.

168. Connolly A, **Thorp J**, Pahel L. Effects of pregnancy and childbirth on postpartum sexual function: a longitudinal prospective study. Interim Director, Women's Primary Healthcare *Urogynecol J Pelvic Floor Dysfunct* 2005 Jul-Aug;16(4):263-7.

169. Engel SM, Olshan AF, Savitz DA, **Thorp JM**, Erichsen HC, Chanock SJ. Risk of small-for-gestational age is associated with common anti-inflammatory cytokine polymorphisms. *Epidemiol* 2005;16:478-86.

170. Salafia CM, Maas E, **Thorp JM**, Eucker B, Pezzullo JC, Savitz DA. Measures of placental growth in relation to birth weight and gestational age. *Am J Epidemiol* 2005;162(10):991-8. Epub 2005 Sept 28.

171. Bloom SL, Spong CY, Thom E, Varner MW, Rouse DJ, Weininger S, Ramin SM, Caritis SN, Peaceman A, Sorokin Y, Anthony Sciscione A, Marshall Carpenter M, Mercer B, **Thorp J**, Malone F, Harper M, Iams J, Anderson G; for the National Institute of Child Health and Human Development's Maternal-Fetal Medicine Units Network*. Fetal pulse oximetry and cesarean delivery. *NEJM* 2006:355:2195-202.

172. Daniels JL, Savitz DA, Bradley C, Dole N, Evenson KR, Eucker B, Herring Ah, Seiga-Riz Am, **Thorp JM**. Attitudes toward participation in a pregnancy and child cohort study. *Pediatr Perinat Epidemiol* 2006 May;20(3):260-6.

173. Silver RM, Landon MB, Rouse DJ, Leveno KJ, Spong CY, Thom EA, Moawad AH, Caritis SN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman AM, O'Sullivan MJ, Sibai B, Langer O, **Thorp JM**, Ramin SM, Mercer VM, for the National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Maternal morbidity associated with multiple repeat cesarean deliveries. *Obstet Gynecol* 2006 Jun;107(6):1226-32.

174. Hibbard JU, Gilbert S, Landon MB, Hauth JC, Leveno KJ, Spong CY, Varner MW, Caritis SN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman AM, O'Sullivan MJ, Sibai BM, Langer O, **Thorp JM**, Ramin SM, Mercer BM, Gabbe SG for the National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Trial of labor or repeat cesarean delivery in women with morbid obesity and previous cesarean delivery. *Obstet Gynecol* 2006;108(1):124-33.

175. Landon MB, Spong CY, Thom E, Hauth JC, Bloom SL, Varner MW, Moawad AF, Caritis SN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman AM, O'Sullivan MJ, Sibai BM, Langer O, **Thorp JM**, Ramin SM, Mercer BM, Gabbe SG

for the National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Risk of uterine rupture with a trial of labor in women with multiple and single prior cesarean delivery. *Obstet Gynecol* 2006 Jul;108(1) 12-20.

176. Lu MC, Kotelchuck M, Culhane JF, Hobel CJ, Klerman LV, **Thorp JM Jr**. Preconception care between pregnancies: The content of internatal care. *Matern Child Health J* 2006 Jul1;{Epub ahead of print].

177. Bloom SL Leveno KJ, Spong CY, Gilbert S, Hauth JC, Landon MB, Varner MW, Moawad AH, Caritis SN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, O'Sullivan MJ, Sibai BM, Langer O, Gabbe SG, et al. (**Thorp JM**), for the National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Decision-to-incision times and maternal and infant outcomes. *Obstet Gynecol* 2006 Jul;108(1):6-11.

178. Rouse DJ, MacPherson C, Landon M, Varner MW, Leveno KJ, Moawad AH, Spong CY, Caritis SN, Meis PJ, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman AM, O'Sullivan MJ, Sibai BM, Langer O, **Thorp JM**, Ramin SM, Mercer BM, for the National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Blood transfusion and cesarean delivery. *Obstet Gynecol* 2006;108:891-7. Erratum in : *Obstet Gynecol* 2006 Dec;108(6):1556.

179. Wapner RJ, Sorokin Y, Thom EA, Johnson F, Dudley DJ, Spong CY, Peaceman AM, Leveno KJ, Harper M, Caritis SN, Miodovnik M, Mercer B, **Thorp JM**, Moawad A, O'Sullivan MJ, Ramin S, Carpenter MW, Rouse DJ, Sibai B, Gabbe SG and the National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Single versus weekly courses of antenatal corticosteroids: Evaluation of safety and efficacy. *Am J Obstet & Gynecol* 2006;195:633-42.

180. Harper TC, Coeytaux RR, Chen W, Campbell K, Kaufman JS, Moise KJ, **Thorp JM**. A randomized control trial of acupuncture for initiation of labor in nulliparous women. *J Matern Fetal Neonatal Med* 2006 Aug;19(8):465-70.

181. Lamvu GM, **Thorp JM**, Stuart N, Hartmann KE. Impact of abnormal results of outpatient fetal heart rate monitoring on maternal intervention in labor. *J Repro Med* 2006;51(9):689-93.

182. Durnwald CP, Rouse DJ, Leveno KJ, Spong CY, MacPherson C, Varner MW, Moawad AH, Caritis SN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman AM, O'Sullivan MJ, Sibai B, Langer O, **Thorp JM**, Ramin SM, Mercer BM, Gabbe SG. The Maternal-Fetal Medicine Units Cesarean Registry: Safety and efficacy of a trial of tabor in preterm pregnancy after a prior cesarean delivery. *Am J Obstet Gynecol* 2006 Oct;195 (4):1119-26.

183. Peaceman AM, Gersnoviez R, Landon MB, Spong CY, Leveno KJ, Varner MW, Rouse DJ, Moawad AH, Caritis SN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, O'Sullivan MJ, Sibai BM, Langer O, **Thorp JM**, Ramin SM, Mercer BM. The MFMU Cesarean Registry: Impact of fetal size on trial of labor success for patients with previous cesarean for dystocia. *Am J Obstet Gynecol* 2006 Oct;195 (4):1127-31.

184. Bailit JL, Landon MB, Thom E, Rouse DJ, Spong CY, Varner MW, Moawad AH, Caritis SN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, O'Sullivan MJ, Sibai BM, Langer O,

et al. (**Thorp JM**) for the NICHD Maternal-Fetal Medicine Units Network. The MFMU Cesarean Registry: Impact of time of day on cesarean complications. *Am J Obstet Gynecol* 2006 (Oct);195(4):1132-1137.

185. Harville EW, Savitz DA, Dole N, Herring AH, **Thorp JM**, Light KC. Patterns of salivary cortisol secretion in pregnancy and implications for assessment protocols. *Biol Psychol* 2007 Jan:74(1):85-91. Epub 2006 Sept 18.

186. **Thorp J**. O' Evidence-based medicine—where is your effectiveness? *BJOG* 2007 Jan;114(1):1-2.

187. Grobman WA, Gilbert S, Landon MB, Spong CY, Leveno KJ, Rouse DJ, Varner MW, Moawad AH, Caritis SN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, O'Sullivan MJ, Sibai BM, Langer O, **Thorp JM**, Ramin SM, Mercer BM. Outcomes of induction of labor after one prior cesarean. *Obstet Gynecol* 2007 Feb;109(2 Pt 1):262-9.

188. Kwok RK, Mendola P, Liu ZY, Savitz DA, Heiss G, Ling HL, Zia Y, Lobdell D, Zeng D, **Thorp JM**, Creason JP, Mumford JL. Drinking water arsenic exposure and blood pressure in healthy women of reproductive age in Inner Mongolia, China. *Toxicol Appl Pharmacol* 2007 Aug 1;222(3):337-43. Epub 2007 Apr 19.

189. Grobman WA, Lai Y, Landon MB, Spong CY, Leveno KJ, Rouse DJ, Varner MW, Moawad AH, Caritis SN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, O'Sullivan MJ, Sibai BM, Langer O, **Thorp JM**, Ramin SM, Mercer BM for the National Institute of Child Health and Human Development (NICHD) Maternal-Fetal Medicine Units Network (MFMU). Development of a nomogram for prediction of vaginal birth after cesarean delivery. *Obstet Gynecol* 2007 (April);109(4):806-812.

190. Bailit JL, Berkowitz R, **Thorp JM Jr**, Cleary, Hartmann KE, Mercer BM. Use of 17 alpha-hydroxyprogesterone in tertiary care center. *J Reprod Med.* 2007 Apr;52(4):280-4.

191. Rouse DJ, Caritis SN, Peaceman AM, Sciscione A, Thom EA, Spong CY, Varner M, Malone F, Iams JD, Mercer BM, **Thorp J**, Sorokin Y, Carpenter M, Lo J, Ramin S, Harper M, Anderson G, for the National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Trial of 17 alpha-hydroxyprogesterone caproate to prevent prematurity in twins. *N Engl J Med* 2007:357:454-61.

192. Wapner RJ, Sorokin Y, Mele L, Johnson F, Dudley DJ, Spong CY, Peaceman AM, Leveno KJ, Malone F, Caritis SN, Mercer B, Harper M, Rouse DJ, **Thorp JM**, Ramin S, Carpenter MW, Gabbe SG, for the National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Long-term outcomes after repeat doses of antenatal corticosteroids. *N Engl J Med* 2007;357:1190-8.

193. Varner MW, Thom E, Spong CY, Landon MB, Leveno KJ, Rouse DJ, Moawad AH, Simhan HN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman A, O'Sullivan MJ, Sibai BM, Langer O, **Thorp JM**, Ramin SM, Mercer BM, for the Maternal-Fetal Medicine Units Network (MFMU) Trial of labor after one previous cesarean delivery for multifetal gestation. *Obstet Gynecol* 2007;110:814-19.

194. Spong CY, Landon MB, Gilbert S, Rouse DJ, Leveno KJ, Varner MW, Moawad AH, Simhan HN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman AM, O'Sullivan MJ, Sibai BM, Lander O, **Thorp JM**, Ramin SM, Mercer BM, for the National Institute of Child Health and Human Development (NICHD) Maternal-Fetal Medicine Units (MFMU) Network. Risk of uterine rupture and adverse perinatal outcome at term after cesarean delivery. *Obstet Gynecol* 2007;110(4):801-7.

195. Mayer DC, **Thorp JM Jr**. Advances in epidemiology help clinicians in practice. *BJOG* 2007;14:1335-6.

196. Sawady, J, Mercer BM, Wapner RJ, Zhao Y, Sorokin Y, Johnson F, Dudley DJ, Spong CY, Peaceman AM, Leveno KJ, Harper M, Caritis SN, Miodovnik M, **Thorp JM**, Ramin S, Carpenter MW, Rouse DJ; National Institute of Child Health and Human Development Maternal Fetal Medicine Units Network. The National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network Beneficial Effects of Antenatal Repeated Steroids study: impact of repeated doses of antenatal corticosteroids on placental growth and histologic findings. *Am J Obstet Gynecol* 2007;197(3):281.e1-8.

197. Louis J, Landon MB, Gersnoviez RJ, Leveno KJ, Spong CY, Rouse DJ, Moawad AH, Varner MW, Caritis SN, Harper M, Wapner RJ, Miodovnik M, Carpenter M, Peaceman AM, O'Sullivan MJ, Sibai BM, Langer O, **Thorp JM**, Ramin SM, Mercer BM,; Maternal-Fetal Medicine Units Network, National Institute of Child Health and Human Development. Perioperative morbidity and mortality among human immunodeficiency virus infected women undergoing cesarean delivery. *Obstet Gynecol* 2007;110(2 pt 1):385-90.

198. Grobman WA, Gersnoviez R, Landon MB, Spong CY, Leveno KJ, Rouse DJ, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, O'Sullivan MJ, Sibai BM, Langer O, **Thorp JM**, Ramin SM, Mercer BM, for the National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Pregnancy outcomes for women with placenta previa in relation to the number of prior cesareans. *Obstet Gynecol* 2007;110:1249-55.

199. **Thorp JM Jr**. Editor's Reply to Cost effectiveness of antenatal screening for neonatal alloimmune thrombocytopenia. *BJOG* 2008;115(3):414

200. Althabe F, Buekens P, Bergel E, Belizan JM, Campbill MK, Moss N, Hartwell T, Wright L, **Thorp J**. for the Guidelines Trial Group. A behavioral intervention to improve obstetrical care: the Global Network Guidelines Trial *New Eng J Med* 2008 May 1;358(18):1929-40.

201. Devine S, West S, Andrews E, Tennis P, Eaton S, **Thorp J**, Olshan A. Validation of neural tube defects in the full featured—general practice research database. *Pharmacoepidemiol Drug Safety*. 2008;17:1-11. Abstract <http://www3.interscience.wiley.com/cgi-bin/abstract/117935193/ABSTRACT> Published Online: 17 Mar 2008.

202. Landis SH, Lokomba V, Ananth CV, Atibu J, Tyder RW, Hartmann KE, **Thorp JM**, Tshefu A, Meshnick SR. Impact of maternal malaria and under-nutrition on intrauterine

growth restriction: a prospective ultrasound study in Democratic Republic of Congo. *Epidemiol Infec.* 2009 Feb;137(2):294-304. Epub 2008 Jun 30.

203. West SL, D'Aloisio AA, Agaro RP, Kalsbeck WD, Barisov NN, **Thorp JM**. Prevalence of low sexual desire and hypoactive sexual desire disorder in a nationally representative sample of US women. *Arch Intern Med* 2008;168(13):1441-9.

204. Mercer BM, Gilbert S, Landon MB, Spong CY, Leveno KJ, Rouse DJ, Varner MW, Moawad AH, Simhan HN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman A, O'Sullivan MJ, Sibai BM, Langer O, **Thorp JM**, Ramin SM, for the National Insitutie of Child Health and Human Development Maternal Fetal Medicine Units Network. The MFMU Cesarean Registry: Labor outcomes and uterine rupture with increasing number of prior vaginal births after cesarean section. *Obstet Gynecol.* 2008 Feb;111(2 Pt 1):285-91.

205. Carroll MA, Vidaeff AC, Mele L, Wapner RJ, Mercer B, Peaceman AM, Sorokin Y, Dudley DJ, Spong CY, Leveno KJ, Harper M, Caritis SN, Miodovnik M, **Thorp JM**, Moawad A, O'Sullivan MJ, Carpenter MW, Rouse DJ, Sibai B,; Maternal Fetal Units Network, National Institute of Child Health and Human Development. Bone Metabolism in Pregnant Women Exposed to Single versus Multiple Courses of Corticosteroids. *Obstet Gynecol.* 2008 Jun;111(6):1352-8.

206. Rouse DJ, Hirtz DG, Thom E, Varner MW, Spong CY, Mercer BM, Iams JD, Wapner RJ, Sorokin Y, Alexander AM, Harper M, **Thorp JM Jr.**, Ramin SM, Malone FD, Carpenter M, Miodovnik M, Moawad A, O'Sullivan MJ, Peaceman AM, Hankind GDV, Langer O, Caritis SN, Roberts JM, for the Eunice Kennedy Shriver NICHD Maternal-Fetal Medicine Units Network. A Randomized, controlled trial of magnesium sulfate for the prevention of cerebral palsy. *NEJM* Aug 28 2008;359(9):895-905.

207. **Thorp JM Jr**, Dole N, Herring AH, McDonald TL, Eucker B, Savitz DA, Daczor D. Alteration in vaginal microflora, douching prior to pregnancy, and preterm birth. *Paed & Perinat Epi* 2008 Nov;22(6): 530-8.

208. Baker AM, Braun JM, Salafia CM, Herring AH, Daniels J, Rankins N, **Thorp JM**. Risk factors for uteroplacental vascular compromist and inflammation. *Am J Obstet Gynecol* 2008 Sept;199(3):256-9.

209. **Thorp JM**. Synthesize evidence and they will change? Editorial. *Am J Obstet Gynecol* 2008 Nov;199(5):441-2.

210. Cooney MA, Siega-Riz AM, Louis GMB, Olshan AF, Herring AH, **Thorp JM**, Hatch EE, Strohsnitter WC, Adam E, Troisi R, Hoover RN, Hyer MH. Reliability of age at menarch self reported later in life. Submitted November 2008 to *Ped & Perinat Epi.*

211. Klebanoff MA, Meis PJ, Dombrowski MP, Zhao Y, Moawad AH, Morthn A, Sibai BM, Iams JD, Varner MW, Caritis SN, O'Sullivan MJ, Leveno KJ, Miodovnik M, Conway D, Wapner RJ, Carpenter M, Mercer BM, Ramin SM, **Thorp JM**, Peaceman AM, National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Salivary progesterone and estriol among pregnant women treated with 17-α-hydroxyprogesterone caproate or placebo. *Am J Obstet Gynecol* 2008 November;199(5):508.e1-506.e7.

212. Grobman WA, Lai Y, Landon MB, Spong CY, Leveno KJ, Rouse DJ, Varner MW, Moawad AH, Caritis SN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, O'Sullivan MJ, Sibai BM, Langer O, **Thorp JM**, Ramin SM, Mercer BM, Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Can a prediction model for vaginal birth after cesarean also predict the probability of morbidity related to a trial of labor? *Am J Obstet Gynecol* 2009;200:56.e1l-56.e6. 2008 Sept 24 [e-pub ahead of print].

213. Tita ATN, Landon MP, Spong CY, Lai Y, Leveno KJ, Varner MW, Moawad AH, Caritis SN, Meis PJ, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman AM, O'Sullivan MJ, Sibai BM, Langer O, **Thorp JM**, Ramin SM, and Mercer BM for the Eunice Kennedy Shriver NICHD Maternal-Fetal Medicine Units Network. Timing of elective repeat cesarean delivery at tern and neonatal outcomes. *NEJM* 2009 Jan 8;360(2):111-20.

214. Caritis SN, Rouse DJ, Peaceman AM, Sciscione A, Momirova V, Spong BY, Carpenter M, Lo J, **Thorp J**, Mercer BM, Sorokin Y, Harper, Ramin S, Anderson G for the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) Materal-Fetal Medicine Units Network (MFMU). Prevention of preterm birth in triplets using 17 alpha-hydroxyprogesterone caproate. *Obstet Gynecol* 2009 February;113(2):285-92.

215. Biddle AK, West SL, D'Aloisio AA, Wheeler SB, Borisov NN, **Thorp J**. Hypoactive sexual desire disorder in postmenopausal women: Quality of life and health burden. *Value Health* 1009 Jan 12 (E-pub ahead of print).

216. Landis SH, Ananth CV, Lokomba V, Hartmann KE, **Thorp JM Jr**, Horton A, Atibu J, Ryder RW, Tshefu A, Meshnick SR. Ultrasound-derived fetal size nomogram for a sub-Saharan African population: a longitudinal study. *Ultrasound Obstet Gynecol.* 2009 Apr 28. [Epub WWW.INTERSCIENCE.WILEY.COM doi:10.1002/UOG.6357].

217. **Thorp JM Jr**. Reply. *Am J Obstet Gynecol* 2009 Feb 14 (E-pub ahead of print).

218. Witt MU, Joy SD, Clark J, Herring A, Bowes WA, **Thorp JM**. Cervicoisthmic cerclage: transabdominal vs transvaginal approach. *Am J Obstet Gynecol.* 2009 Apr 17. [Epub ahead of print].

219. Bovbjerg ML, Evenson KR, Bradley C, **Thorp JM Jr**. What started your labor: Responses from new mothers. Submitted to *Birth*, March 2009.

220. Nguyen NC, Evenson KR, Savitz DA, Chu H, **Thorp JM**, Daniels JL. Physical activity and maternal-fetal circulation measured by Doppler ultrasound. Submitted to *Medicine and Science and Sports and Exercise*, May, 2009.

221. Nguyen DC, Evenson KR, Savitz DA, Daniels JL, Chu H, **Thorp** JM. Physical Activity and the Risk of Gestational Hypertension and Preeclampsia . Submitted to *Paediatric and Perinatal Epidemiology*, May, 2009.

222. Slaughter JC, Herring AH, **Thorp JM**. A Bayesian Latent Variable Mixture Model for Longitudinal Fetal Growth. *Biometrics*. 2009 May 7. [Epub ahead of print] PMID: 19432784 [PubMed - as supplied by publisher]

223. Devine S, West S, Andrews E, Tennis P, Hammad TA, Eaton S, **Thorp JM**, Olshan A. The identification of pregnancies within the general practice research database. *Pharmacoepidemiology and Drug Safety* 2009 Oct 12. {Epub ahead of print}.

224. Fonseca L, Ramin SM, Mele L, Wapner RJ, Mercer B, Peaceman AM, Sorokin Y, Dudly DJ, Spong CY, Leveno KJ, Harper M, Caritis SN, Miodovnik M, **Thorp JM**, Moawad A, O'Sullivan MJ, Carpenter MW, Rouse DJ, Sibai B, and the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal Fetal Medicine Units Network. Bone metabolism in fetuses of pregnant women exposed to single compared with multiple courses of corticosteroids. *Obstet Gynecol* 2009;114(1):38-44.

225. Constatine MM, Weiner SJ for the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) Maternal-Fetal Medicine Unites Network (MFMU) [**Thorp JM** et al]. Effects of antenatal exposure to magnesium sulfate on neuroprotection and mortality in preterm infants. *Obstet Gynecol* 2009 Aug;114(2):354-64.

226. Shellhaas CS, Gilbert S, Landon MB, Varner MW, Leveno KJ, Hauth JC, Spong CY, Caritis SN, Wapner RJ, Sorokin Y, Miodovnik M, O'Sullivan MJ, Sibai BM, Langer O, Gabbe SG *et al.* (**Thorp JM**); for the Eunice Kennedy Shriver National Institutes of Health and Human Development (NICHD) Maternal–Fetal Medicine Units Network (MFMU). The Frequency and Complication Rates of Hysterectomy Accompanying Cesarean Delivery. *Obstetrics and Gynecology* 2009;114(2, Part 1):224-229.

227. Bakhski T, Landon MB, Lai Y, Spong CY, Rouse DJ, Leveno KJ, et al (**Thorp JM**) for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Matemal and Neonatal outcomes of repeat cesarean delivery in women with a prior classical versus low transverse uterine incision. Submitted to *Obstet Gynecol*, August 2009.

228. Durnwald C, Momirova V, Peaceman A, Scissione A, Rouse DJ, Caritis SN, Spong CY, Varner MW, Malone FD, Mercer BM, **Thorp JM Jr**, Sorokin Y, Carpenter MW, Lo J, Ramin SM, Harper M. Second trimester cervical length and risk of preterm birth in women with twin gestations treated with 17 alpha hydroxyprogesterone caproate. Submitted to *Journal of Maternal-Fetal & Neonatal Medicine* October, 2009.

229. Landon MB, Spong CY, Thom E, Carpenter MW, Ramin SM, Casey B, Wapner RJ, Varner MW, Rouse DJ, **Thorp JM Jr**, Sciscione A, Catalano P, Harper M, Saade G, Lain KY, Sorokin Y, Peaceman AM, Tolosa JE, Anderson GB for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. A multicenter, randomized trial of treatment for mild gestational diabetes. *New Eng J Med* October 1, 2009;361(14):1339-48.

230. Grobman WA, Lai Y, Landon MB, Spong CY, Leveno KJ, Rouse DJ, Varner MW, Moawad AH, Simhan HN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, O'Sullivan MJ, Sibai BM, Langer O, **Thorp JM**, Ramin SM, Mercer BM. Does

information available at admission for delivery improve prediction of vaginal birth after cesarean: *Am J Perinatol* 2009 Nov;26(10):693-701. Epub 2009 Oct 7.

231. Rouse DJ, Weiner SJ, Bloom SL, Varner MW, Spong CY, Ramin SM, Caritis SN, Peaceman AM, Sorokin Y, Sciscione A, Carpenter MW, Mercer BM, **Thorp JM Jr**, Malone FD, Harper M, Iams JD, Anderson GD; *Eunice Kennedy Shriver* National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Second-stage labor duration in nulliparous women: relationship to maternal and perinatal outcomes. *Am J Obstet Gynecol* 2009 Oct;201(4):357.e1-7.

232. Jolly E, Clayton A, **Thorp J**, Lewis-D'Agostino D, Wunderlich G, Lesko L. Design of Phase III pivotal trials of flibanserin in female Hypoactive Sexual Desire Disorder (HSDD). *Sexologies*. Volume 17, Supplement 1, April 2008, Pages S133-S134. doi:10.1016/S1158-1360(08)72886-X

233. Harper M, Thom E, Klebanoff MA, **Thorp J**, Sorokin Y, Varner MW, Wapner RJ, Caritis SN, Iams JD, Carpenter MW, Peaceman AM, Mercer BM, Sciscione A, Rouse DJ, Ramin SM, Anderson GD for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Omega-3 fatty acid supplementation to prevent recurrent preterm birth. *Obstet Gynecol* 2010 February;155(2) part 1:234-42.

234. Hashimā JN, Lai Y, Wapner RJ, Sorokin Y, Dudley DJ, Peaceman A, Spong CY, Iams JD, Leveno KJ, Harper M, Caritis SN, Varner M, Miodovnik M, Mercer BM, **Thorp JM**, O'Sullivan MJ, Ramin SM, Carpenter M, Rouse DJ, Sibai B, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. The effect of maternal body mass index on neonatal outcome in women receiving a single course of antenatal corticosteroids. *Am J Obstet Gynecol* 2009;201:1.e1-1.e5.

235. Horton AL, Momirova V, Dizon-Townson D, Wenstrom K, Wendel G, Samuels P, Sibai B, Spong CY, Cotroneo M, Sorokin Y, Midovnik M, O'Sullivan MJ, Conway D, Wapner RJ, (**Thorp JM**), on behalf of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) Maternal Fetal Medicine Units Network (MFMU). Family history of venous thromboembolism and identifying Factor V Leiden carriers during pregnancy. *Obstet Gynecol* 2010 March;115(3):521-5.

Non-Peer Reviewed Articles

1. **Thorp JM.** Should episiotomy be routine? *Current Practices* 8:3, December 1988.

2. **Thorp JM.** Should we routinely screen for toxoplasmosis? *Current Practices* 10:6, September 1990.

3. **Thorp JM.** Endovaginal sonography. *Current Practices* 12(4):1-2, December 1991.

4. **Thorp JM.** Book review. Prenatal abuse of licit and illicit drugs. Hutchings DE (ed.) *In American Scientist* 79:369, 1991.

5. Hansen WF, **Thorp JM.** Postterm pregnancy. *Current Practices* 13 (1):1-2, March 1992.

6. **Thorp JM**, Stanford D. The Horizons program: a perinatal substance abuse project. *Current Practices* 13(2):6, June, 1993.

7. Kurtzman JL, **Thorp JM**, Spielman FJ, Mueller RC, and Cefalo RC. Do Nifedipine and Verapamil Potentiate the Cardiac Toxicity of Magnesium Sulfate? *Obstetric Anesthesia Digest*, 14(2) 45-92, 1994.

8. **Thorp, JM**. Patient Autonomy, Informed Consent, and Routine Episiotomy. *Contemporary OB/GYN*, September, 1995.

9. **Thorp, JM**. Point/Counterpoint: Should physicians with strong pro-life views avoid specializing in perinatology? No. *Physicians Weekly*, 12 (23); April 19, 1995.

10. **Thorp, JM**. Challenging Cases as a preceptor. *The Front Line* 1; 3-4, Summer, 1995.

11. **Thorp, JM**. Is episiotomy necessary? *Health Confidential*, 1995.

12. **Thorp JM**, Pisano EA. Why you should read the blue handbook about breast cancer mailed to you by the NC comprehensive breast and cervical center control coalition. *Current Practices* 4;1,1995.

13. **Thorp JM**. Obstetrical Management of Alcohol and Cocaine Abuse. Horizons Professional Newsletter, April, 1996.

14. **Thorp, JM**. Should I Incorporate Fetal Fibronectin Testing into my Practice; and if so, How? *Current Practices* 16;2, 1996.

15. **Thorp JM**. New Services Offered by the Department and the End of an Era. *Current Practices* 16;1, 1996.

16. Guise J-M, **Thorp JM**. Antibiotics in the Management of Preterm Premature Rupture of Membranes. *Current Practices* 16;4, 1996.

17. **Thorp, JM**. Should I Incorporate Fetal Fibronectin into my Practice; and if so, How? *OBG Management*. Accepted, Sept, 1996.

18. **Thorp JM**, Cefalo RC, Bowes WA Jr. Court-ordered obstetrical intervention. *Contemporary OB/GYN*. June, 1997.

19. **Thorp JM**, Cefalo RC, Bowes WA Jr. Court-ordered obstetrical intervention. *Current Practices*, June, 1997

20. **Thorp JM**. Editorial Comment: Preterm Birth: The Role of Infection and Inflammation. *Medscape Women's Health*, 2(8), 1997.

21. Dorman K, **Thorp JM**. Improving Access to UNC Clinicians. *Current Practices*, September, 1998.

22. Cefalo RC, **Thorp JM**. Videotaping in Labor and Delivery. *Current Practices*, September, 1998.

23. **Thorp JM.** I Want To Be Like Watt. *Current Practices*, March, 1999.

24. **Thorp JM.** Literature Review and Study Design: Resource use associated with hormone replacement therapy. Research Triangle Institute project report funded by Eli Lilley, January 1999.

25. Gavin N, Wilson A, Greene Al, West, S, **Thorp JM.** Health Care Resource Use Associated with Hormone Replacement Therapy. Research Triangle Institute Report Project No 7203, funded by Eli Lilley, November, 1999.

26. **Thorp JM.** No role for maintenance tocolysis in preterm labour: study. Obstet & Gynaecol Canada. November, 2000, Vol 4, No. 7, p 13.

27. Ansbacher R, Creinin MD, **Thorp JM**, Nolan TE, Darney PD, Thorneycrost IH. Consensus statement: Public health considerations with therapeutic substitution of low-dose oral contraceptives. *Am J Obstet Gynecol (Clinical Opinion)*, September, 2000.

28. **Thorp JM.** Helicobacter uteri (poem). Iris: The UNC Journal of Medicine, Literature & Visual Art. 2001;5:57.

29. Payne PA, **Thorp JM.** Evaluation of The North Carolina Midwifery Grants Program 1991-2000. Cecil G. Sheps Center for Health Services Research. July, 2001.

30. Sayle A, Savitz D, **Thorp JM.** Sexual intercourse and orgasm during late pregnancy may have a protective effect against preterm delivery. Family Planning Perspective 2001;33(4):185.

31. **Thorp JM.** Integrity, Abortion, and the Pro-Life Perinatologists. Proceedings of World Federal of Catholic Medical Associations, "The Future of Obstetrics and Gynaecology: The Fundamental Human Right to be Trained and to Practice According to Conscience". Marie S.S. Bambina Institute, Rome, Italy, 2001.

32. Ansbacher R, Creinin MD, **Thorp JM**, Nolan TE, Thorneycroft IH. Therapeutic substitution of low-dose OCs. *The Female Patient* 2002;27:11-12.

33. **Thorp JM.** Predicting and preventing preterm birth. *OBG Management* 2005;17 (6):49-53.

34. **Thorp JM Jr**, Rowland Hogue CJ, Does elective abortion increase the risk of preterm delivery? *Contemporary OB/GYN: Controversies in OB/GYN* 2006(September)51(9):88-92.

35. **Thorp JM Jr.** Does cervical dysplasia raise the risk of preterm birth? Examining the Evidence (commentary). *OBG Management* 2007:19(40:20-23.

36. **Thorp JM Jr.** Can intrauterine growth restriction be present in the first trimester: Expert Commentary. *OBG Management* 2008;20(6):28.

Teaching Activities

Faculty Committees	1. Tenured Medicine Council 2. Faculty Executive Committee(alternate)	2007
Liaison	Area Health Education Center Liaison School of Medicine University North Carolina-Chapel Hill	2000-2003
Member	Doctoral Dissertation Committees Department of Epidemiology School of Public Health University North Carolina-Chapel Hill	1997-present
Oral Examiner	American Board Obstetrics and Gynecology MFM Subspecialty	2005 - present
Oral Examiner	American Board Obstetrics and Gynecology	1996-present
Fellowship Director	Division of Maternal-Fetal Medicine Department of Obstetrics & Gynecology School of Medicine University North Carolina-Chapel Hill	1997-2000

Grants

Cooperative agreement in community child 1/2002 - 1/2006
Study proposes to do community based participatory research in Eastern NC. (Thorp 5%)
Principal Investigator: John M. Thorp
Source: NICHD
Funding: $600,000

Epidemiology of Leptin Production and Fetal 9/2004 – 9/2009
Growth. This study's goal is to understand the Determinants of fetal growth in human pregnancy, With the focus on growth potential to the growth that Is attained with respect to leptin production.
(Thorp 13% yr 1)
Principal investigator: John M. Thorp
Source: NIH
Funding Period: 9/2004-9/2009
Funding: 5,500,000 – Awaiting resubmission

Pregnancy-Related Weight Gain: A Link to 8/01/02 –7/31/07
Obesity. This study's goal is to identify modifiable behaviors for pregnant women that are associated with weight gain above the recommended ranges and that result in high postpartum weight retention.

(Thorp 5%)
Principal Investigator: Anna Maria Siega-Riz, PhD
Source: NIH/NIDDK
Funding Period: 08/01/02 – 07/31/07
Funding: Total Direct: $1,749,033

Placental Vascular Compromise and Preterm Delivery: This study will look at the association between placental vascular compromise and preterm delivery rates. (Thorp 20% in year 1) 9/01/01-8/31/06
Principal Investigator John Thorp MD
Source: NICHD/NIH 1 RO1 HD39373-0A1.
Funding Period: 9/01/01-8/31/06
Funding: Total Direct: $2,350,497
Current Year Funding $510,996

Cooperative Multicenter Maternal Fetal Units Network: This study proposes to conduct clinical trials in perinatal medicine (Thorp 10%) 4/1/01 – 3/ 31/06
Principal Investigator: John Thorp Jr. M.D.
Source: NIH: Grant No. 1 U10 HD40560-01
Funding Period: 4/1/01 – 3/ 31/06
Funding: $ 1,459,785
Current Year Funding $ 272,087

Gates Global Network to Improve Maternal Health. This is a collaborative, multicenter, global network that will investigate clinician behavior regarding episiotomy and oxytocin use in Uruguay and Argentina in conjunction with the Center for Latin American Perinatology. (Thorp 7.5%) 1/01/01-1/01/06
Principal Investigator: Pierre Buekens, MD, PhD
Source: NICHD
Project Period: 1/01/01-1/01/06
Total Funding: $2,800,000
Type: Research

Epidemiologic Study of Vaginal Bleeding during Pregnancy and Preterm Birth. The proposed study extends an NIH-funded study of epidemiology of exertion, stress, and pre term birth. Detailed information regarding vaginal bleeding will be added to the interviews for all enrolled women administered after recruitment and at 27-30 weeks' gestation. (Thorp 0%) 6/01/01-5/31/04
Principal Investigator: David Savitz PhD
Source: March of Dimes
Funding Period: 6/01/01-5/31/04
Total Direct Costs: $163,258 Total Indirect Costs: $16,326 Total Funding: $179,584
Current Year Funding: $61,405

Epidemiology of Exertion, Stress and Preterm Delivery. In this study, it is proposed that the role of external stressors, perceived stress, enhancers and buffers of perceived stress, and physiologic markers of response to stress be examined in relation to pregnancy outcome. A detailed evaluation of domestic, occupational and recreational physical activity patterns before and during pregnancy will be conducted. (Thorp 5%) 12/1/99-11/30/04
Principal Investigator: David A. Savitz, PhD.
Source: NICHD/NIH RO1-HD3758
Total Project Period: 12/1/99-11/30/04
Total Funding: $3,735,28 Direct: $2,586,817
Indirect: $1,148,464
Current Year Funding: $385,179

Drinking Water Disinfection By-Products and Spontaneous Abortion – this prospective cohort study will test the hypothesis that water disinfection by-products, particularly trihalomethanes and haloacetic acids are associated with increased rise of early spontaneous pregnancy loss. Approximately 3,000 women, in three distinct water supplier regions will be enrolled in early pregnancy or prior to conception. First trimester ultrasound data, as well as supplementary studies of time to conception, and the grief counseling needs of women with poor pregnancy outcomes will be based at the Sheps Center. (Supported by a grant to the Department of Epidemiology. (Thorp 5% in-kind) 11/15/99-06/15/02
Principal Investigator: David A. Savitz, PhD
Source: American Water Works Association Research Foundation AWWARF Grant No. 2579
Total Project Period: 11/15/99-06/15/02
Total Funding:$3,000,000
Direct: $1,668,000 Indirect: $1,332,000
Current Year Funding: Direct: $1,287,677.00
(30 month budget – Year 1 budget)
Type: Research

Psychosocial Risks and Preterm Birth in African-American Women. It is proposed that this study evaluates the role of external stressors perceived stress, enhancers and buffers of perceived stress in relation to pregnancy outcome. Building on an ongoing study of preterm delivery, an additional 550 women will be enrolled who obtain prenatal care at the University of North Carolina Hospitals' clinics between the 24th and 29th weeks of gestation. External stressors 9/09/99-9/08/02

(life events, physical and emotional abuse, job stress, socioeconomic stress), perceived stress (impact of life events, discrimination, and safety), enhancers (anxiety, depression) and buffers social support, coping, religion) will be evaluated during pregnancy. (Thorp 3%)
Principal Investigator: David Savitz PhD
Source: ASPH S0807-18/20
Total Project Period: 9/09/99-9/08/02
Total Direct Costs: $179,892. Total Indirect Costs: $76,949 Total Funding: $256,841
Current Year Funding: $53,652

Model Program for Perinatal Substance Abuse HORIZONS. 1/01/94 – Present
This is a demonstration projectof a novel paradigm to treat perinatal substance use problems by combining perinatal and mental health care. It combines an array of treatment resources including a residential program in which families can receive substance abuse treatment. (Thorp 10%)
Principal Investigator: John M. Thorp, Jr., MD
Source: NC Department of Health and Human Services
Project Period: 1/01/94 – Present
Funding to Date: $4,500,000

Past Support

Influence of iron, zinc, and folate on preterm delivery 1999-2001
Funding Agency: NICHD/NIH
Co-Investigator
$570,000

Addiction Studies, Center for Welfare reform and perinatal substance abuse 1998-2001
Funding Agency: RW Johnson
Medical Director
$800,000

Evidence based management of Preterm Labor 1998-1999
Funding Agency: AHRQ
Scientific Director
$200,000

Perinatal iron metabolism 1996-1999
Funding Agency: CDC
Co-Principal Investigator
$386,000

Epidemiology of cocaine use Funding Agency: NICHD Co-Principal Investigator $78,000	1996-1999
Perinatal HIV Prevention Funding Agency: CDC Co-Principal Investigator $120,000	1996-1997
Perinatal smoking cessation Funding Agency: Kate B. Reynolds Charitable Trust Medical Director $109,000	1993-1995
Smoking cessation Funding Agency: R.W. Johnson Principal Investigator $205,000	1995-1997

Professional Service

Specialty and Sub-Specialty Certification

	Sub-Specialty certification, Gynecology American Board of Obstetrics and Gynecology	1992-present
Diplomate	American Board of Obstetrics and Gynecology Maternal-Fetal Medicine	1991-present

Committee Assignment

	University of North Carolina in Chapel Hill Appointment to promotion with tenure Chapel Hill, NC	2003 - 2005

Proposal Reviewer

Member	Study Section – Maternal & Child Health NICHD, Bethesda, MD	2002 - present
Member	Steering Committee, MFMU Network CHD, Bethesda, MD	2001 - present

Member	Expert Review Panel – Evidence report on post-term pregnancy Duke University, Durham, NC	2001 - 2002
Proposal Reviewer	Family Health International RTP, NC	2000 - present
Member	Special emphasis group on regional anesthesia NICHD, Bethesda, MD	1999

Rev: March 2010

UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE

UNIVERSITY SPECIALTY CLINICS®
Psychiatric Evaluation

Name: Margo Muniz, M.D.

Place of Evaluation: USCSM Department of Neuropsychiatry

Date of Evaluation: 11/19/09

Date of Report: 12/14/09

Identifying Information and Reason for Referral: Dr. Margo Muniz is a 44 year-old married OB/GYN in private practice. She was referred for psychiatric examination and possible treatment due to disruptive behaviors affecting her medical staff appointment at Aiken Regional Medical Center.

Statement of Nonconfidentiality: Dr. Muniz understood a written report of findings would be submitted to the appropriate entity at Aiken regional Medical Center and that her communication was not confidential.

Qualifications of Examiner: Donna M. Schwartz-Watts, M.D. is a physician licensed to practice medicine in the state of South Carolina. She is Director of Forensic Services and Professor of Clinical Psychiatry at the University of South Carolina School of Medicine Department of Neuropsychiatry. She is Board Certified in General Psychiatry and has Added Qualifications in Forensic Psychiatry. She has been qualified as an expert in Forensic Psychiatry in South Carolina Courts of General Sessions and Common Pleas approximately 750 times.

Sources of Information:

Medical Executive Committee Exhibits pp. 1 -146

Aiken Regional Medical Center Hearing Panel Statement

Dr. Margo Muniz Post-Hearing Statement 3/16/09

Transcript of Peer Review Committee Hearing 3/10/09

Report of Hearing Panel 4/13/09

Letter from Dr. David Steiner, Aiken Psychiatry and Psychotherapy Associates, 11/24/09, faxed 12/8/09

2.5 hour interview Dr. Muniz 11/19/09

Pertinent History:

Education History: Dr. Muniz attended medical school in Chicago. She transferred to South Carolina during her residency to pursue training in urogynecology.

Employment History: Before completing medical school, she was a nuclear pharmacist. She states she presently works 80 hrs per week but has always worked that much. She recently lost her partner in her office practice because of illness. She reports that she is on call every 8 days. She lives 13 minutes from the hospital and will sleep at the hospital if needed since call rooms available. She enjoys her patients and says they are a loyal population. She enjoys doing pelvic surgery. She has been in practice 8 years and reports she never had a problem. She notes that the onset of complaints about behaviors occurred three weeks after she applied for privileges at MCG hospital in Augusta.

Medical History: Dr. Muniz reports a history of hypothalamic dysfunction. She is presently prescribed Synthroid® .75 mg per day. She also reports that she is perimenopausal. She reports she has lost 16 pounds. She also has ulcerative colitis which she manages with steroids when she has bouts. She additionally reports an allergy to penicillin. She denies any history of head injury with associated loss of consciousness.

Psychiatric History: Dr. Muniz has been in outpatient psychiatric treatment since 2004. Her diagnosis is depression, anxiety and Obsessive Compulsive Disorder. She is prescribed Wellbutrin®, Klonopin® and Lexapro.® She noted an improvement in her obsessional thinking when Lexapro® was added.

Substance Use History: There is no history of any substance abuse.

Family History: Dr. Muniz has a family history of COPD and autoimmune disorders. Her mother has been diagnosed with breast cancer as well.

Social History: Dr. Muniz was raised in Chicago. Her husband Felix is a financial planner. They have a stable marriage. They adopted two children who were ages 6 and 12 at the time. The children have been under their care for over four years. The children grew up in Chicago in a violent Latin neighborhood and were victims of abuse. Dr. Muniz reports South Carolina has been a culture shock for the children, and that her daughter more recently developed some problems adjusting and has returned to Chicago and is living with her brother in law who is a police officer. Her mother in law also lives with them. She has been diagnosed with dementia. The children were very ill and victims of abuse. In addition to caring for the children, and her demented mother –in-law, she and her husband also have 5 rescue dogs, and two cats. She describes a good family relationship and states the family enjoys playing Wii Fit together and she participated in karate with her son.

Dr. Muniz has there older sisters who are dependent upon her for employment. Two of her sisters work in her office. She reports a supportive relationship with them and views them as supportive of her.

Dr. Muniz reported some family difficulty when she married her husband. She was excluded from her paternal bounty when she married due to her husband's ethnicity. She reports her maternal family is supportive of her decision.

Mental Status Examination: Dr. Muniz was cooperative and pleasant. She was dressed neatly. Her speech was normal in rate and tone. Her thinking was goal-directed. Her affect was blunted. Her mood was normal. She was not psychotic. She was not suicidal or homicidal. Her cognitive functions were intact. Her insight is good.

Diagnosis:

Axis I) Major Depressive Disorder, moderate, recurrent, in partial remission

Obsessive Compulsive disorder, by History

Axis II) Obsessive compulsive personality traits

Axis III) Perimenopause, ulcerative colitis, hypothalamic dysfunction

Axis IV) problems with mother-in-law., problems with daughter, problems with employment, chronic health problems, recurrent depression

Axis V) 65-70

Treatment Plan:

1. At this time, Dr. Muniz is presently in treatment with Dr. Steiner. She is on psychiatric medication and reports an improvement in symptoms with medications and supportive therapy. She should continue her treatment with Dr. Steiner. She has a good working relationship with him and is compliant. She has a number of severe psychosocial stressors and depression which may have contributed to episodic irritability. She does not suffer from a personality disorder or behavioral disorder that predisposes her to becoming disruptive.
2. I will gladly see her again if necessary. Her prognosis is good.

Donna Schwartz-Watts, M.D.

Consulting Forensic Psychiatrist